# APPLICATION FORM FOR ACCOMMODATION, ESBJERG

(PLEASE WRITE IN CAPITAL LETTERS)

First name: _____

Family name: _____

Home University: _____

Nationality: _____ Gender (M/F):_____

Date of birth: _____

**Please be aware that:**

**The University of Southern Denmark, Esbjerg guarantees accommodation for exchange students**

- You will only get one accommodation offer.
- The rent per month is approx. DKK 2,200. On arrival you have to pay a deposit equivalent to approx. 3 months' rent.
- If you come to Esbjerg for the autumn semester starting September 1st, you will have **to accept and pay for** accommodation from August 15th to January 15th (rooms in student halls of residence).
- If you come to Esbjerg for the spring semester starting February 1st, you will have **to accept and pay for** accommodation from January 15th to July 15th (rooms in student halls of residence).
- Due to a new agreement between the University and the Accommodation office it is **not** possible to move students to other rooms or student halls during the semester. You will be responsible for paying rent for the room assigned to you for the full period mentioned above.
- **A room will not be reserved for you until this form has been returned to the International Office**

**If you have to withdraw your application for accommodation, you must inform the International Office at the University of Southern Denmark, Esbjerg as early as possible, and at least two weeks before the rental period starts. If you fail to do so, you will be charged three months' rent.**

_____ **YES**, in case I have an outstanding balance in connection with my accommodation, I give the University of Southern Denmark my permission to contact my home university about this matter (if you do not accept this, the International Office will **not** find an accommodation for you).

_____ **YES**, I accept the stated terms, and hereby apply for accommodation.

_____ **NO**, I do not accept the stated terms and will not apply for accommodation through The international Office. Thus I will find accommodation on my own.

Please return this form to: University of Southern Denmark
The international Office, Anette Møller
Niels Bohrs Vej 9-10
DK – 6700 Esbjerg
**Fax: +45 6550 1091**

**Deadlines:** **Autumn semester – May 1st**
**Spring semester – November 1st**

Date: _____ Signature: _____
(Only to be signed by the student in question)

❒ If possible, I prefer to live with one of my fellow students from my home institution:

_____
Name

❒ Smoker
❒ Non-smoker
❒ Allergic
❒ Something else we need to know:_____

_____

_____

# YOUR COPY OF TERMS

**(For you to keep)**

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