

Inter American University of Puerto Rico  
San Germán Campus  
Residence Manager

## RESIDENCE APPLICATION

Name _____	Social Security Number _____	Age _____	Sex: <input type="checkbox"/> F <input type="checkbox"/> M
Mailing Address _____		Zip Code _____	Telephone _____
Name of Parent or Guardian _____	Address _____	Zip Code _____	Telephone _____
Application for: <input type="checkbox"/> August	<input type="checkbox"/> January	<input type="checkbox"/> June	<input type="checkbox"/> July
Year of Study: <input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior
Have you ever resided in the residence halls?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Which? _____
Residence <input type="checkbox"/> Ángel Archilla Cabrera (men)	<input type="checkbox"/> Eunice White Harris (women)		
Do you suffer from any condition that requires special care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

*I certify that all information given in this application is correct, true and complete. I understand that falsifying and/or giving incorrect information may be considered to be cause for denial of admission or for suspension from the University upon acceptance. I promise to observe the established rules and regulations of the residence halls including period inspection of rooms without prior notice.*

\_\_\_\_\_  
Signature of Applicant

### AUTHORIZATION FOR MEDICAL TREATMENT

*I, \_\_\_\_\_, give my consent for the administration of medicine and emergency treatment when recommended by the Office of Medical Services of the Inter American University of Puerto Rico and or by a physician licensed to practice in Puerto Rico, to my (relation), \_\_\_\_\_ (name) \_\_\_\_\_ who is student residing at the Inter American University of Puerto Rico. I understand that, except in case of an emergency, I will be consulted before any surgical intervention is administered.*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

### FOR OFFICIAL USE

Admitted

Not Admitted

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Residence Manager Official