

Gosse International Student Residence
2 Highgate Street, Fullarton, S.A. 5063
Telephone: +61 8 8357 9386
Facsimile : +61 8 8357 9485
Email : info@isradel.com.au

Date of Birth : _____ Gender : Male/Female

Campus at which you intend to study: _____

Course : _____

AnticipatedArrivalDate : _____

Period of Occupancy required:

for the whole of the 2008 academic year.

for the first semester of 2008 ONLY.

For the second semester of 2008 ONLY.

APPLICATION FORM
for ADMISSION as a RESIDENT STUDENT

Family Name : _____

Given Names : _____

Postal Address : _____

Telephone Number : _____

"I hereby apply for admission as a resident student at Gosse International Student Residence. Attached is my holding fee of A\$200.00 which will be forfeited if I cancel my registration."

Signed : _____ Date : _____

2008 PRICES

Bond:A\$200.00(refundable)

Rent: Single Room \$125 per week

Applying for Accomodation

This application is registration on your behalf for accommodation at **International Student Residences** whilst studying in Adelaide.

Successful application will be notified by mail that a room has been reserved for them.

Students must confirm this reservation by submitting a A\$200.00 holding fee to **International Student Residences. Failure to do so will forfeit this reservation.** (However, if you decide to stay, the fee will become your bond. This holding fee is non-refundable if you cancel your reservation.)

On taking up occupancy, residents must sign an Occupancy agreement which specifies the terms and conditions of residency. Residents will also have to pay 4 weeks rents in advance, which can be paid when you arrive.

PAYMENT DETAILS

Bank Draft : _____

Credit Card : Bankcard MasterCard Visa

Card Number: _ _ _ _ _ _ _ _ _ _

Expiry Date : _ _ _ _ _ Debit Amount: _ _ _ _ _

Credit Cardholder's Name

Cardholders Signature

Cardholders Contact Number