



Housing Request Form

If you would like to reside in Suffolk University Dakar Housing you **MUST** fax this form to the Residence Life Office at least **7 days** before your arrival.

Name: _____ Male / Female (Please circle)
First name / Middle name / Family name (Last name)

Temporary Address (until what date?): _____

Permanent Address: _____

Phone Number: _____ Date of Birth: _____
Day / Month / Year

Email Address: _____

Please circle when you plan to attend S.U.D.C.:

Summer Fall Spring 2007 2008

Please specify which housing arrangement you prefer:

___ Off-campus Arc en Ciel Residence Mermoz Residence

___ On campus Main Residence Hall

Please return the following documents to the attention of the Residence Hall Manager via fax (221) 33-825-4603 or e-mail: suffolkdakar@suffolk.edu

- 1. Housing Request Form
- 2. Airport Pick up Form

If you have any specific questions, please contact us directly at the e-mail address: suffolkdakar@suffolk.edu or by phone at (221) 33-869-1000.

For Residence Life Office Use Only-Please do not write below this line

Room Assignment: MAIN ARC en CIEL MERMOZ Room No. _____

Approved by: _____ Date: _____