



**SHINAWATRA UNIVERSITY**  
Dormitory Reservation Form  
Semester ...../.....

First Name..... Last Name.....

Student ID : ..... Nationality .....

Program :  AT       BA       CS       MT       TE

Would like to request residency at the University Residence Hall

Request for room number : .....

Occupancy :  Single       Double       Triple       Quadruple

Contact Address.....

.....

.....

Telephon Number : Home ..... Mobile .....

Email Address : .....

Signature .....

Date ...../...../.....

Dormitory Officer	Dormitory Manager
Date / /	Date / /