Application for student housing

**Room**

|  |
| --- |
| **Beginning of lease / Term of lease** |
| Sunday, June 29 – Saturday, July 12, 2025  **The lease term is fixed. There will be no discount granted if you move in later or move out earlier.** |
|  |
| CHF 400 |

**Personal data**

|  |  |  |
| --- | --- | --- |
| **SURNAME** | | |
|  | | |
| **First name** | | |
|  | | |
| **Permanent home address Street/no.** | | |
|  | | |
| **Postal code / city / Country** | | |
|  | | |
| **Date of birth (dd.mm.yyyy)** | | |
|  | | |
| **E-Mail** | | |
|  | | |
| **Mobile phone (incl. country code)** | | |
|  | | |
| **Contact person in emergency** | | |
|  | | |
| **Phone number in emergency (incl. country code)** | | |
|  | | |
|  |  |  |

Place and date …………………………………………………………. Signature ……………………………….…

**Please return the completed application form by e-Mail to the following address:**[**lucerne-academy@unilu.ch**](mailto:lucerne-academy@unilu.ch)**.**

For internal purposes only

|  |  |  |
| --- | --- | --- |
| Assigned room number …………………… | ..………………... | Lucerne Academy …………… |