Application for student housing

**Room**

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| --- |
| **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****.**

For internal purposes only

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