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LAGOS STATE UNIVERSITY, OJO.

STAFF WELFARE, TRAINING AND DEVELOPMENT UNIT
APPLICATION FORM FOR ALLOCATION OF UNIVERSITY ACCOMODATION

NOTE: Please complete this form by providing the correct information only. This committee may request for relevant documents to back up claims if necessary.

1. NAME: ………………………………………………………………………
2. PF. NUMBER: ……………………………………………………………
3. DEPARTMENT: ……………………………………………………………
4. DATE OF FIRST APPOINTMENT IN THE LAGOS STATE UNIVERSITY: ……………………………………………………………
5. TYPE OF EMPLOYMENT (Temporary, Contract, Permanent) ………………………
6. PRESENT STATUS: ………………………………………………………
7. SALARY/GRADE: ………………………………………………………
8. MARITAL STATUS: ………………………………………………………
9. NAME AND STATUS OF WIFE WORKING IN THE LAGOS STATE UNIVERSITY: ………………………………………………………
10. NAMES, AGE AND SEX OF CHILDREN/DEPENDANT:
    a] [b] [c] [d] [e] [f] [g] [h]
11. PRESENT ACCOMMODATION (PRIVATE or UNIVERSITY): ……………………………………………………………
12. IF UNIVERSITY, INDICATE DATE OF ALLOCATION: ……………………………………………………………
13. TYPE OF ACCOMMODATION REQUESTED: ……………………………………………………………
14. PERSONAL PHONE NUMBER: ……………………………………………………………
15. I certify that the above information is correct
    ……………………………………………………………
    Signature of Applicant Date
16. I certify that the above information is correct
    ……………………………………………………………
    Name & Signature of Head of Department Date

FOR OFFICIAL USE

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