

DORMITORY REGISTRATION FORM

TO BE FILLED UPON ARRIVAL

NAMES OF THE STUDENT:			
DATE OF ARRIVAL:			
DEPOSIT AMOUNT:	YES		
PERIOD OF STAY:	SEM 1		SEM 2
FOR THE DORMITORY: /NAME, SIGNATURE/ DATE:			
FOR THE STUDENT: /NAME, SIGNATURE/ DATE:			

The signed form **MUST** be sent by the student scanned to aceint@uacg.bg maximum 5 days after arrival.