DOMINION UNIVERSITY
APPLICATION FOR ROOM ALLOCATION FORM 2025/2026 SESSION

1. **Name of Student (***Surname First***)**:
   ……

2. **Matriculation Number**: ……

3. **Phone Number**: ……

4. **Faculty** (*Select*): *(a) Computing and Applied Sciences (b) Arts, Social and Management Sciences*

5. **Department** (*Select*): *(i) Biological Sciences (ii) Chemical Sciences (iii) Computer Science (iv) Physics (v) Accounting & Finance (vi) Management Sciences (vii) Economics (viii) Criminology & Security Studies (ix) Mass Communication (x) Microbiology (xi) Nursing Science (xii) Medical Laboratory Science (xiii) Public Health*

6. **Duration of Study**: ……

7. **Parent's Name**: ……

8. **Parent's Phone Number**: ……