
VI. APPENDIX - FORMS

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Housing Services

DAMAGES FORM

Please charge student _____ ID _____ the following amount of _____ Dh as a:

- | | |
|---|--|
| <input type="checkbox"/> Cleaning fine | <input type="checkbox"/> Energy wasting fine |
| <input type="checkbox"/> Belonging left inside rooms | <input type="checkbox"/> Underfrosted and dirty stored refrigerators |
| <input type="checkbox"/> Broken key | <input type="checkbox"/> Lost key |
| <input type="checkbox"/> Unreturned key | <input type="checkbox"/> Common room property relocation |
| <input type="checkbox"/> Unauthorized relocation of room furniture | <input type="checkbox"/> Guest policy violation |
| <input type="checkbox"/> Garbage fine | <input type="checkbox"/> Dismantled furniture at check out |
| <input type="checkbox"/> Trash items left inside rooms at check out | <input type="checkbox"/> stored belongings |
| <input type="checkbox"/> Other _____ | |

Prepared by _____

	Print Name	Signature
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Approved by: <i>Housing acting Director</i>	Signature	Date
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Approved by: <i>VPSA</i>	Signature	Date
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Approved by: <i>VPFA</i>	Signature	Date
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-----To Housing Services Use Only-----

To: _____ Building: _____ Room: _____

You have been charged the amount of _____ Dh as a: _____

Please charge student _____ ID _____ the following amount of _____ Dh as a:

- | | |
|---|--|
| <input type="checkbox"/> Cleaning fine | <input type="checkbox"/> Energy wasting fine |
| <input type="checkbox"/> Belonging left inside rooms | <input type="checkbox"/> Underfrosted and dirty stored refrigerators |
| <input type="checkbox"/> Broken key | <input type="checkbox"/> Lost key |
| <input type="checkbox"/> Unreturned key | <input type="checkbox"/> Common room property relocation |
| <input type="checkbox"/> Unauthorized relocation of room furniture | <input type="checkbox"/> Guest policy violation |
| <input type="checkbox"/> Garbage fine | <input type="checkbox"/> Dismantled furniture at check out |
| <input type="checkbox"/> Trash items left inside rooms at check out | <input type="checkbox"/> stored belongings |
| <input type="checkbox"/> Other _____ | |

Prepared by _____

	Print Name	Signature
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Approved by: <i>Housing acting Director</i>	Signature	Date
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Approved by: <i>VPSA</i>	Signature	Date
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Approved by: <i>VPFA</i>	Signature	Date
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To be kept as a record

The student: _____ Building: _____ Room: _____

Has been charged the amount of _____ Dh as a:

- | | |
|---|--|
| <input type="checkbox"/> Cleaning fine | <input type="checkbox"/> Energy wasting fine |
| <input type="checkbox"/> Belonging left inside rooms | <input type="checkbox"/> Underfrosted and dirty stored refrigerators |
| <input type="checkbox"/> Broken key | <input type="checkbox"/> Lost key |
| <input type="checkbox"/> Unreturned key | <input type="checkbox"/> Common room property relocation |
| <input type="checkbox"/> Unauthorized relocation of room furniture | <input type="checkbox"/> Guest policy violation |
| <input type="checkbox"/> Garbage fine | <input type="checkbox"/> Dismantled furniture at check out |
| <input type="checkbox"/> Trash items left inside rooms at check out | <input type="checkbox"/> stored belongings |
| <input type="checkbox"/> Other _____ | |

Prepared by _____

	Print Name	Signature
--	------------	-----------



Housing Services

AUTHORIZATION FOR FAMILY VISIT FOR STUDENTS

Date: Time:

Mr. /Mrs.:

is authorized to visit the following students:

.....

From: to:

Building: Room:

Ext:

Housing Office:

SA/HS/104



Housing Services

AUTHORIZATION FOR OVERNIGHT GUESTS

Date: Time:

Mr. /Mrs.:
.....

is authorized to:

- Stay on campus till.....
- Spend the night on campus

From: to:

Building: Room:

Ext:

Housing Office:

SA/HS/105



HOUSING SERVICES

INSPECTION NOTICE

Date: **Bldg:** **Room:**
Resident:

Please be informed that your room has been inspected
in the presence of the following person(s):

Comment:

Housing officer: -----

Signature: -----

NB: AUI reserves the right to enter any room without prior notice
to inspect for compliance with health/sanitation standards, to
inspect for compliance with University Regulations, and in
response to an emergency situation.

SA/HS/106

جامعة الأخوين
AL AKHAWAYN
UNIVERSITY
HOUSING SERVICES

MASTER KEY USE

Date: Time:

IID.....Building.....Room....., would like to use the Master Key of Building..... because.....I am fully aware that this key is only for maintenance and emergency cases. I also understand that this request is to be attended to only twice within the same semester.

Student Signature.....

Housing Officer.....

SA/HS/107



Housing Services

Jan 16, 2003

Dear New Student,

The Al Akhawayn University Housing Office greatly appreciates your interest in studying at Al Akhawayn University in Ifrane.

The Housing Department will be pleased to have you as one of its residents. It will do its best to accommodate the living arrangement of all new students. It will also ensure everyone a pleasant and secure environment.

All in all, the Housing Department would like to extend its best wishes and warmth welcome to you for choosing Al Akhawayn University in Ifrane for your academic program. It looks forward to providing you with an extraordinary mix of living and learning, friendship and fun. In a lifetime, it will be the experience of a lifetime.

Sincerely yours,

Housing Department

Al Akhawayn University

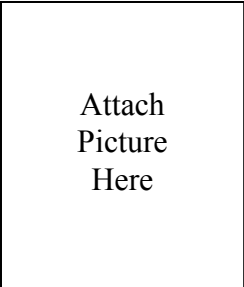
P.O. Box 104, Avenue Hassan II, Ifrane 53000, Morocco

Telephone: (212) 35 86.20.66 Fax: (212) 35 56.71.47

E.mail: Housing@au.ma

HOUSING SERVICES
Closet Keys Assignment

Bldg 23				
Room	Student Name	ID	Closet Keys	Signature
6				
6				
7				
7				
8				
8				
9				
9				
10				
10				
11				
102				
102				
103				
103				
104				
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RESIDENT PERSONAL DATA

We desire to build a Housing community in which individuals interact positively. To better serve you, guarantee the required comfort and appropriate services, we need to know more about you. Your medical background, personal preferences and character represent valuable data for Housing assignment, medical emergencies and in-dorm activities. We would appreciate if you could spare a few minutes to complete the following questionnaire. Please try to be honest. This information is strictly confidential.

Name: _____
 Student ID: _____ Major: _____ Home / Mobile Phone: _____ / _____
 Date of Birth: _____
 Address: _____
 E-mail Address: _____

Housing Preferences

Double Room

Please provide us with the name of the person (if any) with whom you agreed to share your room:

If you do not know any person with whom you will share a room, you will be assigned a roommate based on your personal data.

Single Room

Due to the limited number of single rooms, your Housing preference may not be satisfied.

Shall we add your name to the waiting list of Single rooms?

Yes No

1- If you had to describe yourself, which of the following describes you best:

Dynamic Discrete Talkative Nervous Calm Sociable Spontaneous Sincere
 Studious Confident Energetic Organized Attentive Practical Flexible Peaceable
 Dependable Tactful Sensitive Neat Cheerful Disorganized
 Other: _____

2-The most important thing my new roommate should know about me is:

3- I am a non-smoker who **objects** to smoking I am a non-smoker who **does not object** to smoking
 I am a smoker

4- Studying habits:

<input type="checkbox"/> with music	<input type="checkbox"/> without music	<input type="checkbox"/> home
<input type="checkbox"/> early in the morning	<input type="checkbox"/> during the day	<input type="checkbox"/> late at night
<input type="checkbox"/> alone	<input type="checkbox"/> with friends	<input type="checkbox"/> library

-I study best in an environment that: _____

5- How would you define the ideal roommate with whom you would like to share a room?

6- What are your major hobbies?

7- Building Preferences: Big Small
Floor Preferences: Ground Floor 1st Floor 2nd Floor 3rd Floor

This preference is satisfied upon availability.

Health Status Information

In case of emergency please contact the following person: Name _____
 Relationship to you _____ Phone _____ Address _____
 Do you have any allergies? Yes No
 If yes, please list: _____
 List any medical problems that you have _____
 List all medication you are taking _____

Please fill in this form and fax it IMMEDIATELY with PHOTO ATTACHED then hand the original copy on the Registration Day to: Housing Office, Al Akhawayn University P.O. Box 104 Ifrane Morocco. Fax N°: 035-56-71-47

Housing Office

Room Status Report

Resident Name: _____ ID # _____

Building: _____ Room: _____ Type: _____ Phone Extension: _____

Semester: _____ Roommate Name: _____

Object	Check in	Check out
Wooden chair	<input type="checkbox"/> dirty <input type="checkbox"/> burnt <input type="checkbox"/> broken	<input type="checkbox"/> dirty <input type="checkbox"/> burnt <input type="checkbox"/> broken
Rocking chair	<input type="checkbox"/> dirty <input type="checkbox"/> burnt <input type="checkbox"/> broken	<input type="checkbox"/> dirty <input type="checkbox"/> burnt <input type="checkbox"/> broken
Stackable chair	<input type="checkbox"/> dirty <input type="checkbox"/> burnt <input type="checkbox"/> broken	<input type="checkbox"/> dirty <input type="checkbox"/> burnt <input type="checkbox"/> broken
Student desk	<input type="checkbox"/> top marked <input type="checkbox"/> damaged <input type="checkbox"/> other.....	<input type="checkbox"/> top marked <input type="checkbox"/> damaged <input type="checkbox"/> other....
Closet	<input type="checkbox"/> marked <input type="checkbox"/> damaged <input type="checkbox"/> other.....	<input type="checkbox"/> top marked <input type="checkbox"/> damaged <input type="checkbox"/> other.....
4 Drawer chests	<input type="checkbox"/> marked <input type="checkbox"/> burned <input type="checkbox"/> other.....	<input type="checkbox"/> marked <input type="checkbox"/> burned <input type="checkbox"/> other.....
Bed	<input type="checkbox"/> frame unassembled <input type="checkbox"/> damaged	<input type="checkbox"/> frame unassembled <input type="checkbox"/> damaged
Mattress	<input type="checkbox"/> stained <input type="checkbox"/> torn <input type="checkbox"/> dirty <input type="checkbox"/> burnt	<input type="checkbox"/> stained <input type="checkbox"/> torn <input type="checkbox"/> dirty <input type="checkbox"/> burnt
Pillow	<input type="checkbox"/> dirty <input type="checkbox"/> missing <input type="checkbox"/> other.....	<input type="checkbox"/> stained <input type="checkbox"/> torn <input type="checkbox"/> dirty <input type="checkbox"/> burnt <input type="checkbox"/> missing
Phone outlet	<input type="checkbox"/> damaged <input type="checkbox"/> missing <input type="checkbox"/> other.....	<input type="checkbox"/> damaged <input type="checkbox"/> missing <input type="checkbox"/> h.cost <input type="checkbox"/> f.cost
Elec. outlets	<input type="checkbox"/> damaged <input type="checkbox"/> missing <input type="checkbox"/> other.....	<input type="checkbox"/> damaged <input type="checkbox"/> missing <input type="checkbox"/> h.cost <input type="checkbox"/> f.cost
Cleaning/floor	<input type="checkbox"/> burning marks <input type="checkbox"/> other	<input type="checkbox"/> not clean <input type="checkbox"/> burning marks <input type="checkbox"/> N.H.:.....
Entrance door	<input type="checkbox"/> marked <input type="checkbox"/> other	<input type="checkbox"/> marked <input type="checkbox"/> other <input type="checkbox"/> h.cost <input type="checkbox"/> f.cost
Heater	<input type="checkbox"/> damaged <input type="checkbox"/> other.....	<input type="checkbox"/> damaged <input type="checkbox"/> h.cost <input type="checkbox"/> f.cost
Curtains	<input type="checkbox"/> torn <input type="checkbox"/> dirty <input type="checkbox"/> burnt	<input type="checkbox"/> torn <input type="checkbox"/> dirty <input type="checkbox"/> burnt <input type="checkbox"/> missing
Light fixtures	<input type="checkbox"/> damaged <input type="checkbox"/> other:.....	<input type="checkbox"/> damaged <input type="checkbox"/> missing <input type="checkbox"/> h.cost <input type="checkbox"/> f.cost
Garbage can	<input type="checkbox"/> damaged <input type="checkbox"/> missing <input type="checkbox"/> other	<input type="checkbox"/> damaged <input type="checkbox"/> can missing <input type="checkbox"/> h.cost <input type="checkbox"/>
Hanger	<input type="checkbox"/> damaged <input type="checkbox"/> missing <input type="checkbox"/> other.....	<input type="checkbox"/> damaged <input type="checkbox"/> missing <input type="checkbox"/> h.cost <input type="checkbox"/> f.cost
Tap, Sanijura	<input type="checkbox"/> damaged <input type="checkbox"/> burning marks <input type="checkbox"/> other.....	<input type="checkbox"/> damaged <input type="checkbox"/> burning marks <input type="checkbox"/> h.cost

Housing Services Check out Rules

GENERAL RULES

- Residents should have the hall director perform the check out in their presence
- Room keys should be returned to the hall director on duty even if the resident intends to keep the same room for the following semester
- Each Residence Hall has an assigned hall director, residents will be informed about their respective schedule and location one week before the check out period
- Residents can call their hall director anytime to check them out before they leave through the emergency extensions 555 for male dorms and 3333 for female dorms
- Residents who leave without being checked out by the hall director will be held responsible for all damages found in the room

HOW TO STORE BELONGINGS IN STORAGE ROOMS

- Only pre registered students may store their belongings in the storage rooms
- Students living off campus should not store their belongings on campus
- All items should be packed in sealed boxes or locked suitcases and bags
- Storage forms and labels are available in the hall director's office
- All items should to be clearly marked with the resident's name and ID number accompanied by the completed storage form
- The University is not responsible for any damaged or missing items in storage
- No resident is allowed to store belongings on behalf of another resident
- No resident is allowed to collect the belongings of another resident
- Residents are responsible for belongings stored in their names.
- Students leaving deliberately objects in their rooms after check out are subject to pay a fine off 500Dh. Any forgotten or left objects in the room will be given to Hand in Hand association. Thus, make sure you don't forget any important items in your room after the check out procedure.

STORAGE AND CHECK OUT FINES

- 500 Dh fine for belongings left in rooms without any prior authorization
- 100 Dh fine for underfrosted and dirty refrigerators

ROOM DAMAGE FEES

Residents will be charged appropriately for any damaged or missing items. The followings represent replacement costs for common check-out charges to be deducted from the student's deposit:

- Soap dish: 85.00 Dh
- Pillow: 65.00 Dh
- Blanket: 250.00 Dh
- Garbage can damaged: 288.00 Dh
- Key lock : 500.00 Dh
- None returned key: 100Dh
- Cleaning: 25 DH per hour of cleaning

FALL TO SPRING INTER SEMESTER

- Pre-registered students for the following Spring semester who intend to keep the same room are allowed to leave their belongings in their rooms
- Pre-registered students for the following Spring semester who get the approval for room change are required to free their rooms and store their belongings in storage rooms.

SPRING TO FALL INTER SEMESTER

- Non pre-registered students for the following Summer session are required to free their rooms by the end of the Spring semester
- Non pre-registered students for the following Summer session have to leave University blankets in their rooms on their respective beds

SUMMER TO FALL INTER SESSION

- All residents are required to free their rooms by the end of the Summer session otherwise they will be charged 500 Dh

NB: Due to the limited number of storage areas, priority is given on first come, first served basis.

Housing Services

Check out list

Building: 23.HD:
Mounim Lakhel.

R	STUDENT NAME	Student Status	Door key	Closet keys	Pillow	Blankets	Strge area	Date	St. signat	HD Name
6	MAMOU TARIK	Pre-reg for fall 2003	ok	H259	0	0		19/7/03		M.L
6	MIKOU OTHMANE	Pre-reg for fall 2003	ok		1	0		19/7/03		M.L
7	NORDSELL Jason	T. CHECKOUT	not yet		1	1		20/7/03		M.L
7	REMANI ABDELMONAIM	Pre-reg for fall 2003	ok	H264	2	1		20/7/03		M.L
8	EL ALAOU MOHAMED	Pre-reg for fall 2003	ok		1	0		18/7/03		M.L
8	RAI ALLAA	Pre-reg for fall 2003	ok	H335	1	0		17/7/03		M.L
9	IBRIZ MOUAAD	Pre-reg for fall 2003	ok		1	0		19/7/03		M.L
9	TAHA-BOUAMRI EL MEHDI	Pre-reg for fall 2003	ok		0	0		17/7/03		M.L
102	BEN EL KHATTAB ADIL	T. CHECKOUT	ok		1	0		17/7/03		M.L
102	KADDARA AMINE	Pre-reg for fall 2003	not yet		1	1		18/7/03		M.L
103	HOLLAND Joshua	T. CHECKOUT	not yet		1	0		18/7/03		M.L
103	TARIK MOHAMMED	Pre-reg for fall 2003	ok		1	0		19/7/03		M.L
104	BENYAHYA MOHAMED	Pre-reg for fall 2003	ok	H261	0	0		19/7/03		M.L
104	SEMMAR JIHAD	Pre-reg for fall 2003	ok	H305	1	1		19/7/03		M.L
105	ABDELJAOUAD IMAD	Pre-reg for fall 2003	ok	H324	1	1		17/7/03		M.L
105	AIT HAMZA WADIA	Pre-reg for fall 2003	ok		1	3		19/7/03		M.L
106	MNIAI AYOUB	Pre-reg for fall 2003	ok		1	1		19/7/03		M.L
106	TAUD HOUSSAINE	Pre-reg for fall 2003	ok		1	0		18/7/03		M.L
107	JABRANE KHALIL	Pre-reg for fall 2003	ok		1	0		18/7/03		M.L
107	TAHA SOUFIANE	Pre-reg for fall 2003	ok		1	1		19/7/03		M.L
108	BEN MOKHTAR M HAMED	Pre-reg for fall 2003	ok		1	0		19/7/03		M.L
108	NADIR YOUNES	Pre-reg for fall 2003	ok		1	0		19/7/03		M.L
109	EL HALIMI OUALID	Pre-reg for fall 2003	ok		0	1		17/7/03		M.L
109	THIBOS Cameron	T. CHECKOUT	not yet		1	0		17/7/03		M.L
202	KSIYER YOUSSEF	Pre-reg for fall 2003	ok		1	0		18/7/03		M.L
202	ROCHD MEHDI	Pre-reg for fall 2003	ok		1	1		18/7/03		M.L
203	BERRADA OMAR	Pre-reg for fall 2003	ok		1	1		18/7/03		M.L

Housing Services

Housing Property Charges (For Housing deposit deduction, Deposit refund, Damage notification)

Date: __/__/__ Resident name: _____ Date of housing termination _____

Resident status: Staff Faculty, School _____ Student: ID _____

Please charge the above mentioned resident for the following damages

<input type="checkbox"/> Dirty room, (H of cleaning) Semester _____ <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Pillow missing <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Lost key <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Garbage Can <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Hole/door <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Window curtains <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Mattress <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Other, <i>Please describe</i> _____ _____ _____	<input type="checkbox"/> Soap dish missing Semester _____ <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Blanket missing <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Broken key <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Phone set <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Hole/wall <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Bathroom curtains <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Closet <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost <input type="checkbox"/> Full cost <input type="checkbox"/> Half cost
---	--

Total charges: _____

No damages
Reason of Housing termination: _____

Prepared by _____
Print Name & position
Signature

Approved by: *Housing Director* _____
Signature
Date

Approved by: *VPSA* _____
Signature
Date

Approved by: *VPFA* _____
Signature
Date

Housing Services

Housing Damages

Please charge the student _____ ID _____ the amount of _____ Dhs as Housing damages at check out.

Prepared by **Dounia Chayabaynou** (Supervisor of **Women's Dorms**)

Signature

Approved by: *Housing Director*

Signature

Date

Approved by: *DSA*

Signature

Date

Approved by: *VPFA*

Signature

Date

For Housing Services Use

To: _____ ID _____ Bldg.: _____ Room: _____

Please note that the amount of _____ Dh has been deducted from your account for housing damages at check out:

Housing Damages	Amount	Semesters	Comments
<input type="checkbox"/> Room messy/Un-cleaned	_____	_____	_____
<input type="checkbox"/> Soap Dish	_____	_____	_____
<input type="checkbox"/> Pillow	_____	_____	_____
<input type="checkbox"/> Lost Key	_____	_____	_____
<input type="checkbox"/> Broken Key	_____	_____	_____
<input type="checkbox"/> Garbage can	_____	_____	_____
<input type="checkbox"/> Whole/Door	_____	_____	_____
<input type="checkbox"/> Window Curtains	_____	_____	_____
<input type="checkbox"/> Bathroom Curtains	_____	_____	_____
<input type="checkbox"/> Blanket	_____	_____	_____
<input type="checkbox"/> Desk	_____	_____	_____
<input type="checkbox"/> Mattress	_____	_____	_____
<input type="checkbox"/> Closet	_____	_____	_____
<input type="checkbox"/> Drawer Chest	_____	_____	_____
<input type="checkbox"/> Bath Curtains	_____	_____	_____
<input type="checkbox"/> Hole/Wall	_____	_____	_____
<input type="checkbox"/> Phone Set	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Prepared by **Dounia Chayabaynou** (Supervisor of **Women's Dorms**)

Signature

Date

Approved by: *Housing Director*

Signature

Date



Housing Services

Housing Assignment (For Housing location change, New assignment)

Resident name: _____ Date: _____

Resident status: Staff Faculty School: _____ Student ID: _____

Housing location change

Date of change _____

As of this date the above mentioned resident will move

<u>From</u>	<u>To</u>
<input type="checkbox"/> Room Single # _____	<input type="checkbox"/> Room Single # _____
<input type="checkbox"/> Room Double # _____	<input type="checkbox"/> Room Double # _____
<input type="checkbox"/> Studio Single # _____	<input type="checkbox"/> Studio Single # _____
<input type="checkbox"/> Studio Double # _____	<input type="checkbox"/> Studio Double # _____
<input type="checkbox"/> 1 BR Apt Single # _____	<input type="checkbox"/> 1 BR Apt Single # _____
<input type="checkbox"/> 1 BR Apt Double # _____	<input type="checkbox"/> 1 BR Apt Double # _____
<input type="checkbox"/> 2 BR Apt Single # _____	<input type="checkbox"/> 2 BR Apt Single # _____
<input type="checkbox"/> 2 BR Apt Double # _____	<input type="checkbox"/> 2 BR Apt Double # _____
<input type="checkbox"/> Off- campus	<input type="checkbox"/> Off-campus
<input type="checkbox"/> AUI off-Campus Residence # _____	
Shared with _____	Shared with _____
(N/A if not applicable)	(N/A if not applicable)

New assigned residents

Please charge the above mentioned resident the following housing fees

Date of Housing assignment _____

Single room _____

Double room, shared with _____

Single studio _____

Double studio, shared with _____

Single 1 Bd Apt _____

Double 1 Bd Apt, shared with _____

Single 2 Bd Apt _____

Double 2 Bd Apt, shared with _____

Prepared by _____

Print Name & position	Signature
Approved by: <i>Housing Acting Director</i> _____	_____
Signature	Date
Approved by: <i>VPSA</i> _____	_____
Signature	Date
Approved by: <i>VPFA</i> _____	_____
Signature	Date

Human Resource Management	_____	_____
Signature	Date	
Business Office	_____	_____
Signature	Date	

Housing Offices

Room Reservation/Change Request

Name: _____ ID number: _____
 Current campus address: Bldg.: _____ Room: _____ Ext.: _____
 External e-mail address: _____

Important

- Room changes will be made only if the necessary space can be found
- Filling in this form does not guarantee any resident that a room change will be made
- All residents will be notified about any room changes by the end of the semester

• **Request of Room Change**

Do you wish to be in a specific building? Yes No

If yes: - *First choice*: Bldg. _____ Room: _____

- *Second choice*: Bldg. _____ Room: _____

- *Third choice*: Bldg. _____ Room: _____

- *Otherwise Keep Room*: Yes No

Roommate name: _____ Roommate signature: _____

• **Request of Corner Room**

Yes Ground Floor Upper Floor Bldg 1 Bldg 2 Bldg 3

Roommate name: _____ Roommate signature: _____

• **Request of Single Room**

Yes Ground Floor Upper Floor Bldg 1 Bldg 2 Bldg 3

• **Request of Studio Room**

Yes Middle Corner Bldg 1 Bldg 2 Bldg 3

Roommate name: _____ Roommate signature: _____

P.S.: The Housing Office will make every effort to honor housing preferences requests on a first come first served basis, subject to availability

Date: _____ Signature: _____

Housing Office Use Only

Request satisfied: - **Room**: Yes No Keep room - **Roommate**: Yes No Keep roommate

Supervisor Comments: _____

Room Reservation Receipt

To: _____ ID# _____ Date: _____

Nature of Room Reservation:

Single Bldg1 Bldg2 Bldg3 Ground Floor 3rdFloor _____

Studio Bldg1 Bldg2 Bldg3 Corner Middle

Corner Bldg1 Bldg2 Bldg3 Ground Floor 1stor 2ndFloor

Nature of Room Change:

1-Bldg Room

2-Bldg Room 3-Bldg Room

Roommate:

Exchange Roommate _____

International Roommate _____

New Comer Roommate _____

Roommate Name _____

Important: Any Housing Request cancellation should be made before the end of the same semester or session

Supervisor of Women'/ Men's Dorms

Housing Services

HOUSING APPLICATION

Al Akhawayn Residences of Ifrane

Name: _____

School/Department: _____ Date of application: _____

Accommodation Requested

<u>Size</u>		<u>Monthly Rent</u>		<u>Monthly Rent</u>
1- One bedroom:	<input type="checkbox"/> Furnished	2500 Dh	<input type="checkbox"/> Unfurnished (when available)	2000 Dh
2- Two bedroom small:	<input type="checkbox"/> Furnished	3200 Dh	<input type="checkbox"/> Unfurnished (when available)	2700 Dh
3- Two bedroom Large:	<input type="checkbox"/> Furnished	3700 Dh	<input type="checkbox"/> Unfurnished (when available)	3200 Dh
4- Three bedroom:	<input type="checkbox"/> Furnished	4200 Dh	<input type="checkbox"/> Unfurnished (when available)	3700 Dh

Preferences (If any)

Building number: Ground Floor 1st Floor 2nd Floor 3rd floor

Would you like to have a phone line in your apartment ?

Yes No

Important clauses:

- Residents have to pay their utility bills (Electricity, Water, telephone)
- Tenants will be charged for the replacement cost of all consumables while the university will provide labor

Signature: _____

Housing Office Use only

Assignment:

Building number :

Apartment:

Type: _____ Furnished Unfurnished

Date of Assignment: _____ Signature: _____



Housing Services
HOUSING APPLICATION

Name: _____

School/Department: _____

Date of application: _____

Accommodation Requested			Accommodation Assigned	
Off campus residential area			Main Campus	
<i>Size</i>		<i>Monthly Rent</i>	<i>Size</i>	<i>*Monthly Rent</i>
1- One bedroom:	<input type="checkbox"/> Furnished	2500 Dh	1- One bedroom:	<input type="checkbox"/> 3200 Dh
2- Two bedroom small:	<input checked="" type="checkbox"/> Furnished	3200 Dh	2- Two bedroom:	<input checked="" type="checkbox"/> 4000 Dh
3- Two bedroom Large:	<input type="checkbox"/> Furnished	3700 Dh		
4- Three bedroom:	<input type="checkbox"/> Furnished	4200 Dh		

* The monthly rent includes utility costs+ internal phone

We have received your application for University Housing starting Fall 2003. We would like to let you know that we would be glad to accommodate you. However, due to the current housing unavailability in the off-campus residential area, we will assign you an apartment in the University campus as a temporary residence until such time as an apartment of the type you requested becomes available at the end of the semester.

Please note that you will not be required to move during the semester.

Would you please fax this attachment at 00212 055 567147 to confirm the offer:

"I, the undersigned, agree to accept the temporary arrangement and to move should an apartment of the type I requested become available at the end of the semester".

Signature: _____

Housing Office Use only

Assignment:

Building number:

Apartment:

Date of Assignment: _____ Signature: _____

Housing Services

Housing Voucher

Voucher Number: _____ (assigned by Housing)

Date: _____ School, Department: _____

Please check one: Cost Center: _____ Guest Payment

Date of Arrival _____ Time of Arrival: _____

Date of Departure: _____ Time of Departure: _____

Responsible AUI Contact: _____ Purpose of Visit: _____

Please complete name of guest and type of accommodation. (Please feel free to continue on the next page if the number of guests exceeds 5)

Guest's Name	2 BR	1 BR	Std	Sg	Db	Special services/extra features	Ngts	Bg	R	Rate	Amount
TOTAL											

Approved by: Executive officer: _____ Date: _____

(Signature)

VPSA: _____ Date: _____

(Signature)

(* We offer accommodations with Hotel mode standard services (towels, toilet paper, sheets and blankets). Additional services/features depend on the nature of the accommodation. Extra services should be clearly specified

	Fridge	TV	Tel	Flowers	Kitchen utensils	Drinks	Fruits	Rates
Room	N.A	Opt	Opt	Opt	NA	Opt	Opt	250Dh Single 300Dh Double
Studio	✓	Opt	Opt	Opt	Opt	Opt	Opt	450 Dh
Apt	✓	✓	✓	Opt	✓	Opt	Opt	600Dh:1BR 700Dh:2BR
VIP	✓	✓	✓	Opt	✓	✓	✓	100 Dh extra

Opt : optional

(Housing Services Use Only)

Approved: _____ Date: _____ Damages to be billed (if any) _____ Dh

(Business Office Use Only)

Amount to be paid: _____ Invoice (if applicable) : _____

Mode of Payment -- in-house Billing: _____ Cash: _____ Check (attach copy of Check) : _____

Coding: Amount _____ Account _____ Cost Center _____



Housing Services Health Incident Report

Date of the incident: _____ Time: _____ Report Number: _____

Location: _____

Name of the Resident: _____ Building: _____ Room: _____ Ext: _____

Kind of emergency (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Trauma (Traumatisme) | <input type="checkbox"/> Stomach-ache (Douleurs du ventre) | <input type="checkbox"/> Cold (Rhume) |
| <input type="checkbox"/> Bleeding (Hémorragie) | <input type="checkbox"/> Vomiting (Vomissement) | <input type="checkbox"/> Fever (Fièvre) |
| <input type="checkbox"/> Allergy (Allergie) | <input type="checkbox"/> Diarrhea (Diarrhée) | <input type="checkbox"/> Throat infection (Angines) |
| <input type="checkbox"/> Attack of nerves (Crise de nerfs) | <input type="checkbox"/> Toothache (Douleurs dentaires) | <input type="checkbox"/> Coughing (Crise de toux) |
| <input type="checkbox"/> Loss of consciousness (Evanouissement) | <input type="checkbox"/> Periods Pain (Douleurs de règles) | <input type="checkbox"/> Influenza (Etat grippal) |
| <input type="checkbox"/> Other: _____ | | |

The patient was treated by/in:

The University Physician: Kind of assistance and/or medicines administered:

- First Aid stock: Medicines administered: _____
- Ifrane Hospital
- Azrou Hospital
- Polyclinique Cornette

The patient was transferred by: The University Van

Ambulance

Other: _____

The patient was accompanied by: _____

Describe all relevant details of the incident:

Housing staff member: _____ Signature: _____

Housing Office Use only

Incident Resolved

____ Yes

____ No

Copies of the Report sent to

____ VPSA

____ Director

Supervisor comments: _____

Signature



Housing Services

Request for Reimbursement of Employee Expenses

Name of Employee _____ Date _____

School or Department _____ Cost Center to be Charged _____

Purchase Request # _____

Date of Expense	Description of Expenditures	Amount	For Accounting Use	
			Account	Cost Ctr.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Amount of Reimbursement Requested _____

AMOUNT OF REIMBURSEMENT APPROVED _____

Receipts for all purchased items must be attached to this form.

Employee _____
(Name and Title) (Signature) Date

Approved for payment: _____
Dean or Director Date

Approved for payment: _____
Vice President Date

Approved for payment: _____
President, if Required Date

ACCOUNTING Use Only

Payment Details:
Check number _____ Bank _____
Date of Payment _____ Check Amount _____

Housing Services

Inventory: (Fall/ Spring/ Summer)

Date: _____

Housing Officer: _____

Building: _____

Room	Electricity	Plumbing	Carpentry	Masonry	Painting	Chairs	Others
04							
05							
06							
10							
11							
15							
16							
17							
102							
103							
109							
110							
111							
303							
304							
305							
306							
307							
308							
309							
310							
311							
312							
St							
Kitchen							
Hallways							
Garbage Room							

Pending Tasks:

Plumbing	Carpentry	Masonry	Painting	Chairs	Others



Housing Services

Cleaning Request Form

Date:

Requester's Name:

Bldg: Room:

I would like to have the maintenance Services clean my room forhour(s). I will be charged on a basis 25 Dhs per hour.

Total:Dhs

Supervisor Name :

Signature :

Section Réservée au service de la Maintenance

Nom de la femme de chambre:

Nom du Superviseur :

Signature :

SA/HS/127

Housing Services

AL AKHAWAYN UNIVERSITY

Purchase Requisition

(Equipement & investment in: housing, offices, computer, labs, resta)

PR Number 051344 Date _____

School or Department Housing Budget Reference 1.1.0.6

<i>Description of items</i>	<i>Technical specifications*</i>	Purpose	Deadline**	Qty

* Includes references, dimensions, materials...etc. all elements needed to rapidly process your o

** refers to the time you want the merchandise to be delivered. Keep in mind that all requests need at least 4 week



**Grounds & Maintenance
REQUEST FOR UNIVERSITY VEHICLE**

Date: _____ School or Department _____ Cost Center _____

Destination _____ Purpose _____

Departure Information: Date _____ Time _____ From _____

Return Information: Date _____ Time _____ On-Campus Contact _____

Persons Leaving With Vehicle _____

Person Requesting Transportation	Dean	V.P.	Vehicle Coordinator
_____	_____	_____	_____
<i>Signature</i>	<i>Signature</i>	<i>Signature</i>	<i>Signature</i>

For G & M Use Only

ORDRE DE MISSION

Le conducteur _____ est autorisé à conduire le véhicule
de marque _____ n° _____ appartenant à l'Université Al Akhawayn à Ifrane.
Carburant _____
Km/départ _____ Km/arrivée _____ Km/parcours _____
Date _____ Directeur G & M _____ Signature _____

REQUEST OF REIMBURSEMENT OF DRIVER'S EXPENSES

Name of Driver _____ A.U.I. Car Used: Made _____ N° _____

Date of Expense	Description of Expenditure	Amount	<i>For Accounting Use</i>	
			Account	Cost Center
.....
.....
.....
.....

Total Amount of Reimbursement Requested _____

Je soussigné.....certifie avoir reçu la somme de DH.....qui m'est due pour mon déplacement sus-mentionné.

<i>Driver</i>	<i>Director of G & M</i>	<i>Accounting Manager</i>
_____	_____	_____
<i>Signature</i>	<i>Signature</i>	