

Student Dormitory Office

To be completed by the Student  
Dormitory Office

Application No.: \_\_\_\_\_

**Application for admission and extension of subsidised accommodation of  
students with the status of a person with international protection for the  
2024/2025 academic year**

**Selection of student dormitory depending on the place of study**

Higher education centre (encircle): Ljubljana / Maribor / Koper

Type of dormitory (encircle): public / secondary school

University or secondary school student dormitory (enter  
name):.....

**I.**

**Basic information about the applicant:**

Name and surname of the

applicant:.....

Gender (encircle): M F      Date of birth (day, month, year): .....

Citizenship: .....

Personal identification number: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Tax number: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

**Address for service**

Street and house number:.....

Postal code: ..... Place of post

office:.....

Contact telephone number: ..... E-mail address:

.....

Status with international protection (encircle): YES NO

Decision number Ministry of the Interior of the Republic of Slovenia:.....

**II.**

**Information about enrolment for the 2024/2025 study year:**

*(If you have just applied, enter the information about the study programme in which you intend to enrol.)*

Vocational college or higher education institution:  
.....

Study programme:.....

Place of study:.....

Level of study (encircle): Higher vocational study programme /First cycle / Second cycle:  
integrated master's study programme / Second cycle: master's study programme / Third  
cycle

Mode of study (encircle): full-time / part-time

Type of enrolment (encircle): First enrolment in the year / Repeat year

Year of study (encircle): 1 2 3 4 5 6

**III.**

**Special circumstances of the applicant**

**Parenthood**

I state that I will have a child in my custody during my studies(encircle): YES NO

I state that I want to live with the other parent (encircle): YES NO

**Person with a disability**

Student with a disability entitled to an assistant (encircle): YES NO

**IV.**

**Information about the guarantor for the payment of debt related to rent and other possible costs related to the student's accommodation**

Name and surname:.....

Gender (encircle): M F

Citizenship: .....Tax number: |\_|\_|\_|\_|\_|\_|\_|\_|

Address (street, number): .....

Postal code:.....Place of post office: .....

Contact telephone number:.....E-mail  
address:.....

**V.**

**Information about the authorised person if the student did not complete the application themselves**

Name and surname:.....

Contact telephone number:..... E-mail  
address:.....

**VI.**

**Statement**

I guarantee with my signature that all information provided in the application, including the appendices, is accurate and complete. I agree that my right to subsidised accommodation is permanently terminated if it is established that I have provided false information. I authorise the Student Dormitory Office to verify all the information provided in the application with the database managers.

I undertake to communicate any changes affecting eligibility within 15 days of the change to the address of the Student Dormitory Office.

**VII.**

**Appendices**

**Mandatory proof that the student must enclose with the application:**

- Proof of status of a person with international protection for the student.
- Authorisation from the authorised person.
- Proof of the status of a person with international protection for their child if the student wishes to live with their child.
- Certificate from the competent authority that the student with a disability is entitled to an assistant if they want to live with the assistant.

**For the procedure, the Student Dormitory Office will itself obtain:**

- Information from the record of students and graduates on student status.

**Other** (enter)

Place and date:

Signature of the applicant:

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