

Application: Holiday Accommodation

Student Details
Section A
From: To:
th:
on this day of20YY
Name of Student
Name of Stadent
Section B
Must be completed by Residence Head
· ,
ve student is a residence at RESIDENCE NAME and that all
ached to the application.
on this day of20YY
Name of Residence Head
Name of Residence Head
Section C
k relevant documentation attached to application

Applications to be completed and submitted to room 120/121, office 0011/12 Intsika Building or emailed to res_infoqc@ufs.ac.za

HRA DATE STAMP AS ACKNOWLEDGMENT OF RECEIPT

NB: date of stamp will be considered as the application date