

Application: Holiday Accommodation

Student Details			
Student no.			
Full Names			
Surname			
Cell Phone no.			
Email Address			
Residence			
Field of Study			
	04:	- ·- A	
Assembly addison Deried	Section		
Accommodation Period	From:	To:	
Reason for application			
	1		
Signed at	on this	day of	20YY
Signature of Student Name of Student			
Section B Must be completed by Residence Head			
I hereby confirm that the above student is a residence at RESIDENCE NAME and that all			
relevant documentation is attached to the application.			
Signed at	on this	dav of	20 Y Y
<u> </u>			
			 -
Signature of Residence Head	nce Head Name of Residence Head		
	Section	on C	
Please tick relevant documentation attached to application			
Examination timetable		ation letter by lecture	

Applications to be completed and submitted to room 120/121, Pres. Steyn Annex Building or emailed to ResApplications@ufs.ac.za

HRA DATE STAMP AS ACKNOWLEDGMENT OF RECEIPT

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