



Application: Holiday Accommodation

Student Details	
Student no.	
Full Names	
Surname	
Cell Phone no.	
Email Address	
Residence	
Field of Study	

Section A	
Accommodation Period	From: _____ To: _____
Reason for application	

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 _____ day of _____ 20YY

Signature of Residence Head

Name of Residence Head

Section C Please tick relevant documentation attached to application			
Examination timetable		Motivation letter by lecturer/convener	

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