



APPLICATION: RETURN EARLY / DEPART LATE

For further details, please contact:
Heidi Smith, Residential Operations Division, Rhodes University,
PO Box 94, Grahamstown, 6140
Tel: 046 – 603 8128, Fax: 046 – 603 7566, Email: h.smith@ru.ac.za

Please print clearly:

First Name:	Surname:	Student Number:			
Current Residence:		Room Number:			
Telephone Number: (Preferably Cell)		Email Address: (Print Clearly)			
DEPARTING LATE:					
Departure Date:			Date of Last Exam: (If applicable)		
Motivation of valid & verifiable reason for request: <i>(Please provide copies of travel arrangements)</i>					
ARRIVING EARLY:					
Arrival Date:			Approximate time of Arrival: 2pm		
Motivation of valid and verifiable reason for request:					
Meal required: (Tick one)	Normal →		Halaal →		Vegetarian →
Student's Signature:			Wardens Signature:		

Instructions:

- This application form must be submitted to Heidi Smith **[with warden's signature]**, **proof of payment, or permission from student fees to charge your student account if you have a positive balance.** Residential Operations Division, and 33 South Street.
- Please submit application 7 days before arrival or departure
- CANCELLATIONS:** Students who have not cancelled their booking **48 hours before** the check-in/out date specified on this form **will be charged** for accommodation booked.

Rates for 2020:

R126.73 per day, inclusive of all meals.

Banking details:

Rhodes University Conference

Bank Name: First National Bank

Branch Name: Grahamstown

Branch Code: 210717

Account Number: 621 455 07490

Method of Payment: (PLEASE TICK APPROPRIATE BOX)

1.	Cash, payable at the Cashiers Office in Eden Grove (to GL a/c 70000788277). Receipt to be provided as proof of payment.	√
2.	Cheque or postal order made payable to RHODES UNIVERSITY. Post to: Infrastructure and Operations Division, PO Box 94, Grahamstown, 6140.	
3.	Charge to student account – this is only possible if you have a credit balance on your student account. As proof, please attach a copy of your student account to this form.	

I understand that the Student Disciplinary Code will be strictly enforced. Those students found guilty of offences impacting negatively on the quality of life of other students living in Residence risk being excluded from Residence.

I understand that no alcohol can be consumed in or in the vicinity of the Residences during the Vacation period.

Office use only

Conference Code:	Residence Allocated:	Number of Nights:	Room Number:	Folio Number:
------------------	----------------------	-------------------	--------------	---------------