



**RHODES UNIVERSITY**  
Where leaders learn

# APPLICATION: RETURN EARLY / DEPART LATE

**ONLY FOR ARRIVING 24 HRS PRIOR TO OFFICIAL RESIDENCE ACCESS START DATE OR 24 HRS AFTER OFFICIAL RESIDENCE ACCESS ENDING DATE**

For further details, please contact:  
Shandr  Hoffman, Residential Operations Division, Rhodes University, PO Box 94, Grahamstown, 6140  
Tel: 046 – 603 8128/8897, Fax: 046 – 603 7566, Email: shandre.hoffman@ru.ac.za

Please print clearly:

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

**Instructions:**

- This application form must be submitted to Shandr  Hoffman [**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 2024:** R165.00 per day, inclusive of all meals.

|                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Banking details:<br>Rhodes University Conference<br>Bank Name: First National Bank<br>Branch Name: Grahamstown<br>Branch Code: 210717<br>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 <b>70000788277</b> ). Receipt to be provided as proof of payment.                                                            | <input type="checkbox"/> |
| 2. | Cheque or postal order made payable to RHODES UNIVERSITY. Post to: Infrastructure and Operations Division, PO Box 94, Grahamstown, 6140.                                                   | <input type="checkbox"/> |
| 3. | Charge to student account – this is only possible if you have a <b>credit balance</b> on your student account. As proof, please attach a <b>copy of your student account</b> to this form. | <input type="checkbox"/> |

Office use only

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