

## **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:

Nwabisa Bottoman, Residential Operations Division, Rhodes University, PO Box 94, Grahamstown, 6140 Tel: 046 – 603 8128, Fax: 046 – 603 7566, Email: nwabisa.bottoman@ru.ac.za

Please print cle	arly:								
First Name:		Surname:		Student Nu	mber:				
Current Reside	ence:			Roor	n Number:				
Telephone Number: (Preferably Cell)			Email Addres	s: (Print Clearly	)				
DEPARTING LATE:									
Departure Date	:	Date of Last Exam: (If applicable)							
Motivation of va	lid & verifiable reaso	n for request: ( <i>Plea</i>	se provide copies of	travel arranger	nents)				
				-					
		ARRI	VING EARLY:						
Arrival Date:		Ар	proximate time of Arr	ival: 2pm					
Motivation of valid and verifiable reason for request:									
Meal required:	(Tick one)	No	rmal → H	lalaal →	Vegetarian $\rightarrow$				
		Wardens Sig	Wardens Signature:		Hall Wardens Signature:				
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## Instructions:

- 1. This application form must be submitted to Nwabisa Bottoman [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.
- 2. Please submit application 7 days before arrival or departure
- 3. **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 2023: R154.00 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 <b>70000788277</b> ). 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 of 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.	

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## Office use only

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