



RHODES UNIVERSITY
Where leaders learn

APPLICATION FOR VACATION ACCOMMODATION 2006

For further details, please contact:
Kerry Barrow, Dean of Students Division, Rhodes University, PO Box 94, Grahamstown, 6140
Tel: 046 – 603 8703, Fax: 046 – 622 3659, Email: k.barrow@ru.ac.za

Please Print clearly:

First Name:		Surname:		Student Number:	
Gender: (Circle) Male / Female		Current Residence:		Room Number:	
Telephone Number: (Preferably Cell)			Email Address: (Print Clearly)		
Meal Required: (Tick one)	Normal →		Halaal →		Vegetarian →
DATE ARRIVING:		DATE DEPARTING:		No. of Nights:	

Instructions:

1. This application form must be submitted to Kerry Barrow, Room 220, Dean of Students Division at least two (2) weeks prior to the first day that accommodation is required.
2. **CANCELLATIONS:** Students who have not cancelled their booking 48 hours **Before** the check-in date specified on this form **will be charged** for accommodation booked whether the room has been occupied or not.
3. Rates are to be paid in advance to confirm your booking.

Rates:

1. R 130.00 per day, inclusive of meals for the January Summer School / Supplementary exam period.
2. R 810.00 for the entire **APRIL** vacation period, inclusive of meals **OR** R 115.00 per day, inclusive of meals.
3. R 720.00 for the entire **SEPTEMBER** vacation period, inclusive of meals **OR** R 115.00 per day, inclusive of meals.

Method of Payment: (PLEASE TICK APPROPRIATE BOX)

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1.	Cash, payable at the Cashiers Office in Eden Grove. Receipt to be provided as proof of payment.	
2.	Post a cheque/postal order made payable to RHODES UNIVERSITY to: Kerry Barrow, Dean of Students Division, PO Box 94, Grahamstown, 6140.	
3.	Credit Card - Complete the details below.	
4.	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.	

PLEASE DEBIT MY CREDIT CARD: (Visa or Master)

Number:																			
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Name of Card Holder: _____ Last 3 digits on back of card: _____

Amount: _____ Expiry Date: _____

Signature of Card Holder: _____

Notes:

- Students please note that it is a serious disciplinary offence to:
- a. Sub-let or allow anyone else to use the accommodation provided to you by the University.
 - b. Obtain meals from any dining hall by fraudulent means.

SIGNATURE OF STUDENT

DATE

Office use only

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