

ROOM TRANSFER FORM 2016/2017

Personal Details

Student No:

Forename:

Surname:

Present Address:

Mobile No:

Email Address:

Accommodation Preference

En-suite Extra	St John's Campus <input type="checkbox"/>	City Centre Campus <input type="checkbox"/>	
En-suite	St John's Campus <input type="checkbox"/>	City Centre <input type="checkbox"/>	
Standard Plus	St John's Campus <input type="checkbox"/>		
Standard	St John's Campus <input type="checkbox"/>		
Traditional	St John's Campus <input type="checkbox"/>		
UW Managed House	St John's <input type="checkbox"/>	City Centre <input type="checkbox"/>	Various £'s
<i>Please indicate the maximum weekly rent (exclusive of bills) that you wish to pay</i>			<input type="text"/>
Postgraduate	Ensuite <input type="checkbox"/>	Standard <input type="checkbox"/>	

Reason for Request

Medical**	<input type="checkbox"/>	En-suite room required	<input type="checkbox"/>
Location	<input type="checkbox"/>	To be near friends	<input type="checkbox"/>
Financial	<input type="checkbox"/>	Other** (please specify)	<input type="checkbox"/>

***Please give specific details about the exact type of accommodation you need, or any other supporting/relevant information relating to your reasons for wishing to move*

Signed

Date

Office Use Only

Room Offered	Date	Accepted	Notes