Room#:_____
Hall:_____

THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS, BARBADOS
APPLICATION TO RESIDE ON HALLS OF RESIDENCE

RESIDENTS ONLY

KINDLY COMPLETE AND RETURN BY **MARCH 31, 2020** TO THE HALLS ADMINISTRATOR, HALLS OF RESIDENCE, THE UNIVERSITY OF THE WEST INDIES, CAVE HILL CAMPUS, BARBADOS

NAME: (Block Letters) _____
SURNAME FIRST NAME OTHER NAMES

DATE OF BIRTH: D:_____M: _____Y: _____ ☐MALE ☐FEMALE

NATIONALITY_____ ID NUMBER _____

NAME OF PARENT/GUARDIAN/SPOUSE: _____TEL: _____

HOME ADDRESS: _____

MAILING ADDRESS: _____
(If Different From Home)

TEL NO. _____E-MAIL ADDRESS (**BLOCK LETTERS**): _____

FACULTY:_____ UPCOMING YEAR: I / II / III ☐UNDERGRAD ☐POSTGRAD

THE UPCOMING YEAR WILL BE MY FINAL YEAR: YES ☐ NO ☐

PROOF OF SCHOLARSHIP/BURSARY/EXHIBITION (Where Applicable): _____

WILL YOU BE HOLDING AN OFFICIAL POSITION ON HALL OR GUILD COUNCIL IN THE UPCOMING YEAR: _____

STATE REASON FOR WISHING TO RESIDE ON HALLS: _____

_____

_____

SIGNATURE: _____ DATE: _____

Revised Feb 2020