



THE UNIVERSITY OF THE WEST INDIES  
CAVE HILL CAMPUS, BARBADOS

HALLS OF RESIDENCE APPLICATION FORM

INSERT PHOTO  
HERE

**NEW APPLICANTS**

KINDLY COMPLETE AND RETURN TO THE HALLS ADMINISTRATOR, HALLS OF RESIDENCE, THE UNIVERSITY OF THE WEST INDIES, CAVE HILL CAMPUS, BARBADOS  
([ACCOMMODATION@CAVEHILL.UWI.EDU](mailto:ACCOMMODATION@CAVEHILL.UWI.EDU))

NAME: (Block Letters) \_\_\_\_\_  
Surname First Name Other Names

DATE OF BIRTH: D: \_\_\_\_\_ M: \_\_\_\_\_ Y: \_\_\_\_\_ MALE  FEMALE

NATIONALITY \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

NAME OF PARENT/GUARDIAN/SPOUSE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

**ACCOMMODATION OPTIONS**

1 <sup>ST</sup> CHOICE		TYPE OF ROOM	
2 <sup>ND</sup> CHOICE		TYPE OF ROOM	
3 <sup>RD</sup> CHOICE		TYPE OF ROOM	

**PLEASE NOTE DOUBLE & POST GRADUATE ROOMS ARE ONLY AVAILABLE AT THE PHILIP SHERLOCK HALL**

TEL NO. \_\_\_\_\_ E-MAIL ADDRESS (Block Letters): \_\_\_\_\_

FACULTY: \_\_\_\_\_ YEAR: \_\_\_\_\_  UNDERGRAD  POSTGRAD

SCHOLARSHIP/BURSARY/EXHIBITION (Please Specify): \_\_\_\_\_

RELIGION/DENOMINATION: \_\_\_\_\_

EXTRA CURRICULAR ACTIVITIES AND INTEREST: \_\_\_\_\_

DISABILITIES/ALLERGIES \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE: PLEASE ATTACH 1 PASSPORT SIZE PHOTO ON COMPLETION OF FORM.**

**RESIDENTS ARE REMINDED THAT HALL ACCOMMODATION IS OFFERED ON A YEARLY BASIS. PLEASE NOTE THAT FIRST YEAR STUDENTS ARE GIVEN PRIORITY. RESIDENTS SHOULD THEREFORE SEEK OFF-CAMPUS ACCOMMODATION AFTER ONE YEAR ON HALLS**