



THE UNIVERSITY OF THE WEST INDIES  
CAVE HILL CAMPUS, BARBADOS

HALLS OF RESIDENCE

**AIR CONDITIONING UNIT REQUEST APPLICATION FORM**

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))

CAVE HILL ID# \_\_\_\_\_

RESIDENT'S NAME: \_\_\_\_\_  
Surname First Name Other Names

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

CURRENT HALL \_\_\_\_\_ CURRENT ROOM NUMBER \_\_\_\_\_

**REQUESTED AC INSTALLATION PERIOD:**

ACADEMIC YEAR  SEMESTER I (ONLY)  SEMESTER II (ONLY)

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

**OFFICE USE ONLY:**

Permission Granted \_\_\_\_\_ Room Number \_\_\_\_\_

Permission Denied \_\_\_\_\_

*August, 2024*