

SHORTWOOD TEACHERS' COLLEGE DAILY ACCOMMODATION REQUISITION FORM

| STUDENT INFORMATION | |
|--|-----------------------------|
| Student Name: | ID Number: |
| Programme of Study: | Year: |
| Address: | Tel.: |
| | Email: |
| REQUESTED PERIOD | |
| Academic Year: | Academic Semester: |
| Period for accommodation request: (please indicate dates) | |
| Comments: | |
| SUPPORT SERVICES INFORMATION | |
| Please indicate if you have any critical medical condition | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>Please note that all major medical conditions are to be reported to the staff at the Albert Brown Health Centre before taking up residence on the campus</i> | |
| Student Signature: | Date: |
| OFFICE OF THE VICE PRINCIPAL, ADMINISTRATIVE AFFAIRS | |
| Received by: | Date: |
| Approved by: | Date: |
| Special Note: | |

***Note: To receive approval for accommodation, student must be a current registered student.
Daily accommodation should be paid in advance and will not be charged to students' account.***

@ March 29, 2022