

STUDENT ACCOMMODATION VILLAGE WHYALLA CAMPUS

APPLICATION FORM FOR SHORT TERM ACCOMMODATION

PERSONAL DETAILS:	
Title	Family Name
Given Names	Gender
Address	
City/Town	State
Postcode	_ E-mail
Telephone	Mobile
Arrival Date	Departure Date
Approx. arrival time	
I Agree to the 'Terms ar	nd Conditions' as set out below.
•	S OF RESIDENCY les and conditions operating for residents of the Student Village as on & Policy Handbook – a copy of which is in each unit.
I agree to follow instruction other authorised persons	ions from the Regional Campus Facilities Coordinator, Security personnel or s.
l agree to pay IN ADVAN	CE the full amount due for my accommodation.
-	d pay for all loss or damage caused by me, or any person invited by me, to the fittings or fixtures contained in the Unit or in the Student Village.
Signed:	Date:

Please return this form to: WhyallaAccommodation@unisa.edu.au