

## **ROOM TRANSFER FORM 2016/2017**

Personal Details			
Student No:			
Forename:	Surname:		
Present Address:			
Mobile No:			
Email Address:			
Accommodation Preference			
En-suite Extra	St John's Campus	City Centre Camp	ous 🗌
En-suite	St John's Campus	City Centre	
Standard Plus	St John's Campus		
Standard	St John's Campus		
Traditional	St John's Campus		
<b>UW Managed House</b>	St John's	City Centre	Various £'s
Please indicate the maximum weekly rent (exclusive of bills) that you wish to pay			
Postgraduate	Ensuite	Standard	
Reason for Request			
Medical**		n-suite room required	
Location	П	o be near friends	
Financial		Other** (please specifiy)	
**Please give specific details about the exact type of accommodation you need, or any other supporting/relevant information relating to your reasons for wishing to move			
Signed Date			
Office Use Only			
Room Offered	Date	Accepted	Notes