

**ROOM TRANSFER FORM 2016/2017**

**Personal Details**

**Student No:**

**Forename:**

**Surname:**

**Present Address:**

**Mobile No:**

**Email Address:**

**Accommodation Preference**

<b>En-suite Extra</b>	St John's Campus <input type="checkbox"/>	City Centre Campus <input type="checkbox"/>	
<b>En-suite</b>	St John's Campus <input type="checkbox"/>	City Centre <input type="checkbox"/>	
<b>Standard Plus</b>	St John's Campus <input type="checkbox"/>		
<b>Standard</b>	St John's Campus <input type="checkbox"/>		
<b>Traditional</b>	St John's Campus <input type="checkbox"/>		
<b>UW Managed House</b>	St John's <input type="checkbox"/>	City Centre <input type="checkbox"/>	Various £'s
<i>Please indicate the maximum weekly rent (exclusive of bills) that you wish to pay</i>			<input type="text"/>
<b>Postgraduate</b>	Ensuite <input type="checkbox"/>	Standard <input type="checkbox"/>	

**Reason for Request**

<b>Medical**</b>	<input type="checkbox"/>	En-suite room required	<input type="checkbox"/>
<b>Location</b>	<input type="checkbox"/>	To be near friends	<input type="checkbox"/>
<b>Financial</b>	<input type="checkbox"/>	Other** (please specify)	<input type="checkbox"/>

*\*\*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