



FIRST TIER JUNIOR CATERING ACCOMMODATION ROOM MATE MATCHING FORM

ALL STUDENTS WHO ARE ALLOCATED TO TIER 1 RESIDENCES SHOULD COMPLETE THIS FORM AND RETURN IT TO THE SHAAS OFFICE, TOGETHER WITH THEIR STUDENT ACCOMMODATION ACCEPTANCE FORMS.

HAND DELIVER: Student Housing Admissions and Advocacy Services (SHAAS), Level 3, Kramer Law Building, Middle Campus, UCT

FAX TO: +27 (0)21 650-4014

POST TO: Student Housing Admissions and Advocacy Services, University of Cape Town, Private Bag X3, Rondebosch 7701

PLEASE PRINT CLEARLY

I have accepted accommodation for the year _____ in:

NAME OF RESIDENCE: _____

Surname: _____ Student No: _____

First names: _____ Date of birth: _____

Degree: _____ Year of study: _____

School and place of matriculation: _____

Home language: _____ Religion: _____

Nationality: _____ Home town: _____

Circle your preferences and fill in any other relevant information:

1. Do you know anyone moving into the same residence with whom you would like to share? YES / NO

If YES, give his/her name: _____

NOTE: Please check with the person first, as both of you should nominate each other on your forms.

Also note there is no co-ed room-sharing in First Tier residences.

2. Do you smoke? YES / NO

3. Do you prefer studying late at night? YES / NO

4. Are you able to work with noise / music? YES / NO

5. Please list any hobbies/interests: _____

6. Please include any other information which you feel is relevant: _____

DATE _____

SIGNATURE _____