

Summer Hall Accommodation Application Form 2015

Gateway Student

Please complete and return your accommodation application form by e-mailto: ulc-hall-bookings@manchester.ac.uk

Or alternatively by post to: Accommodation Office

The University of Manchester

Grove House Oxford Road

Manchester, M13 9WJ

Contact Telephone Number: 0161 275 2888

Incomplete application forms cannot be processed and will delay your application.

Section A

| A1. Personal Details | |
|---|----------|
| Family Name: | Title: |
| First Name: | Gender: |
| Home address: | |
| Post Code/Zip Code: | Country: |
| Telephone (including country/area code): | E-mail: |
| Please give details of any disabilities, illness or special requirements that you feel should be taken into account when allocating accommodation. Information will be treated in the strictest confidence. A doctor's letter should be attached where appropriate: | |

Section B

B1. Accommodation

Standard, Self-Catered Accommodation

Oak House – Fallowfield
293 Wilmslow Road

Fallowfield Manchester

Mancheste M14 6HD

Cost: £119.00 per week (£17 per night)

Arrival date at the hall:

Please note that students are asked to confirm their arrival time directly to the Accommodation Office (see contact details above)

We cannot guarantee admission to the hall on arrival if the time has not been confirmed to the hall at least 7 days in advance of arrival.

Departure date from the hall:

Please note that check out time is 10am.

| Section C | | |
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| Occion o | | |
| Total Accommodation Fees | | |
| | | |
| D: Declaration | | |
| I understand that: | | |
| Accommodation will only be booked if I am a registered with ULC The University of Manchester has received Fully completed application form Full accommodation fees | | |
| By completing / signing of this application form, I declare that, to the best of my knowledge, the information provided in the application form is correct and I have read and understood the Terms and Conditions and agree to abide by them. | | |
| Signature of applicant: | Date: | |
| Name of person signing on behalf of applicant: | | |
| Signature: | Contact Tel/Email: | |