



TTHTI
Trinidad and Tobago
Hospitality and Tourism Institute

REQUEST FOR ON-CAMPUS ACCOMMODATION

FEMALE APPLICANTS ONLY

PLEASE COMPLETE IN BLOCK LETTERS

SURNAME:

OTHER: [.....

Date of Birth (dd/mm/yyyy):

Programme being applied for:

Residential Address:
.....

Mailing Address (if different from above)
.....

Telephone contact: (home/work/mobile)

Email Address:

Emergency Contact:

Name:

Relationship:

Telephone:

Home:

Mobile:



TTHTI
Trinidad and Tobago
Hospitality and Tourism Institute

Preferred Room Type: (tick your choice) **

Rent per month

	<i>Single</i> <input type="checkbox"/>	<i>Double</i> <input type="checkbox"/>	<i>Triple</i> <input type="checkbox"/>	<i>Quadruple</i> <input type="checkbox"/>
LOCAL	650	500	450	315
CARICOM	780	625	500	440
INTERNATIONAL	1300	940	815	750

****Please note that due to the scarcity of available accommodation, completion of this application does not guarantee a place at the campus. Accommodation will be granted on the basis of greatest need. Please also note that if you are granted accommodation, your preferred room type is not guaranteed.**

Applicant Signature

Date of Application

.....

.....