



## Campus Lodge Management Centre

C/- Cromwell College,  
Walcott Street, ST LUCIA QLD 4067  
AUSTRALIA  
Phone: 61 7 3377 1300, Fax: 61 7 3377 1499  
Email [campuslodge@cromwell.uq.edu.au](mailto:campuslodge@cromwell.uq.edu.au)

### Application for a Unit/Room in Campus Lodge

**An Application Fee of \$110.00 (non-refundable) is payable at the time of this application.**

Please forward one passport size photograph with this application.

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Gender: Male/Female Date of Birth: (day/month/year) \_\_\_/\_\_\_/\_\_\_ (you must be 18 years of age)

Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

The University of Queensland Student Number: \_\_\_\_\_

Address for mail: \_\_\_\_\_

\_\_\_\_\_

E-mail address: (Please print clearly) \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

**Please indicate below the type of Unit/Bedroom you would prefer (circle choice) and duration of stay required.** (If your first choice is not available you may be offered an alternative)

Unit/Room request:	One Bedroom Apartment			
	2 bedroom	4 bedroom Unit		EITHER
Single Sex unit only:		YES	NO	EITHER
Room size:		PREMIUM	SINGLE	EITHER
Booking Duration:	January/July		Year: _____	
		6 Months	12 Months	

**N. B. One written academic reference and one written character reference must accompany this application.** (See next page for example.)



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**CONFIDENTIAL ACADEMIC REFERENCE CONCERNING A CAMPUS LODGE  
APPLICANT**

Name of Applicant: \_\_\_\_\_

Name of Referee: \_\_\_\_\_

Address of Referee:

\_\_\_\_\_  
\_\_\_\_\_

How long have you know the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

Intellectual ability and application: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Character and sense of Responsibility: \_\_\_\_\_

\_\_\_\_\_

Any other factors which should be considered: \_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_