



JS GERICKE LIBRARY

APPLICATION FOR THE LEASE OF A STUDY CUBICLE

Applications for the 1st semester open in December of the previous year and for the 2nd semester in June of the specific year.

SURNAME & FULL NAMES _____

SU NR. _____

ADDRESS _____

TEL. (H) _____

CELL _____

E-MAIL _____

COURSE _____

SU DEPARTMENT _____ PROMOTOR _____

LEASING PERIOD from _____ to _____

Completed form can be handed in at the Circulation Desk, JS Gericke Library, or e-mailed to: jsg_uitl@sun.ac.za

FOR OFFICE USE ONLY

STUDY CUBICLE NO. _____ APPROVED from _____ to _____

SIGNATURE (Library staff member) _____

SIGNATURE OF LESSEE _____ DATE _____

(The above information is correct and the study cubicle key has been handed over to me)

RETURNED KEY RECEIVED (Library staff member) _____ DATE _____

KEY RETURNED AND SIGNED OFF BY LESSEE _____