

ROOM CHANGE REQUEST FORM

(Please note: This is a request and may be denied.)

Completed room change request forms for Fall 2019 or Spring 2020 will be accepted through **Monday, December 2, 2019**. Requests must be submitted to your current RD before 5 p.m. on December 2, 2019 to be considered.

Completion of this form does not guarantee that your request will be approved. The Housing Office will notify you by email of the status of your request after all requests have been considered.

If the room change request has been approved, the move must occur between 5 p.m. Friday, December 8 and be completed by 10 a.m. on Friday, December 14, 2018. All persons involved in the move must agree upon a plan regarding the timing of the move. If you have not moved into your new room by **10 a.m. on Friday, December 14**, your room change will be denied.

Name (please PRINT clearly): _____ ID #: _____

I am presently living in: (Residence Hall/Apt.) _____ Room/Apt. # _____

*I am requesting to move to: (Residence Hall/Apt.) _____ Room/Apt. # _____

*Students **MUST** have an actual room number of the room in which they are requesting to move.

**Reason for wanting to move: _____

(Please write on, or staple another page to, the back of this sheet if additional space is needed.)

1. Applicant's Signature _____

I **have/have not** discussed this move with all current and prospective roommates. (Please circle one)

2. Current Roommate Name(s) & Signature(s):

a) Name (please PRINT clearly): _____ Signature: _____
My signature indicates that I **am aware** of this move.

b) Name (please PRINT clearly): _____ Signature: _____
My signature indicates that I **am aware** of this move.

c) Name (please PRINT clearly): _____ Signature: _____
My signature indicates that I **am aware** of this move.

3. Prospective Roommate Name(s) & Signature(s):

a) Name (please PRINT clearly): _____ Signature: _____
I **am/am not** in favor of this move (Please circle one)

b) Name (please PRINT clearly): _____ Signature: _____
I **am/am not** in favor of this move (Please circle one)

c) Name (please PRINT clearly): _____ Signature: _____
I **am/am not** in favor of this move (Please circle one)

*Please note: Signatures of ALL current and future roommates are required, even if a three or four-person room is involved.

4. Resident Directors' Signatures:

Current RD Signature _____ Prospective RD Signature _____

Resident Directors will not sign this form until all other signatures have been collected.

**Only moves deemed necessary by BOTH the RD AND the Assistant Dean/Director of Residence Life will be approved.

DO NOT WRITE BELOW THIS LINE: TO BE COMPLETED BY HOUSING OFFICE

Request: Approved _____ Denied _____ as of (date) _____ Housing Office Signature _____

Back Office: Odyssey Change _____ Access It Changed _____ Scanned _____ Date _____
Completed by _____