Room Change Request Form

This Section to be filled out by the Student

Name: _____ Room: _____ Date: _____

E-Mail: _____ Phone: _____ Lottery Points: _____

For Term: _____ Age: _____ Completed # Terms: _____

Anticipated graduation date: _____ Here Jan. (if appropriate)? _____

/____/ I am willing to share a double. My roommate will be: _____. My/our preferences would be to live in_____.

/____/ I have an exceptional need to move and give an explanation here: Needs Current House Director Approval

_____
_____
_____
_____
_____

Student Signature_____ Date_____

This section to be filled out by staff

House Director Approval:

This student has met with me and I approve their need to move: ☐

_____ _____
Current House Director Signature Date

Housing Operations Staff:

This student has been given the following choices of available rooms:

_____

_____ _____
Housing Operations Assistant Signature Date

Room Assignment _____ Date _____