Room Change Request Form
requests may only be made after the third Friday of the semester and no later then 10 days before the end of semester

Name: ___________________________ Student ID #: ______________________
Date: __________________________
Current Housing: _______________ Room #: ______
Requested Housing: _______________ Room #: ______

If you do not have a requested housing area please leave that blank and University Housing will assign you an open location.

Students interested in changing rooms must do the following:

1. Meet with RA to go over roommate situation and have them sign this form.
2. After meeting with RA, attach a document to this form answering the following questions:
   a. Why do you want to move?
   b. List three ways you tried to resolve your roommate situation.
   c. List three things you can do to make your new living situation successful.
   d. What have you communicated with your current RA and roommate?
   e. If you do not know where you would like to live, please explain what you are looking for in a new housing assignment.
3. Email your Area Coordinator with the questions from above and request a time to meet with them.
4. Meet with your Area Coordinator to go over the questions and get signature.
5. Turn form into the University Housing Department and wait for email with instructions to move. These will be emailed to you, your current RA and new RA.
6. Stop by University Housing to drop off current key and get your new assigned key.

No moves may occur until a student has received written approval from the University Housing department. Failure to follow these procedures or moving without approval will result in a $50 fine.

Current roommates' name(s): ____________________________________________________________

Current AC Name: __________________________ Current AC signature: __________________________

Current RA Name: __________________________ Current RA signature: __________________________

International students will need the signature of either the Director or Assistant Director of International Student Services.
International Student Services signature: __________________________________________________

For Office Use Only:
☐ Approved
☐ Denied: Reason ________________________________________________________________
Signature: __________________________________________ Date: __________________________