RESIDENCE ROOM CHANGE REQUEST FORM

First Name: ___________________ Last Name: ___________________ Student#: ___________________

Phone #: ___________________ Email Address: ___________________

Current House and Room ID: __________ Requested House and Room ID: __________

(if applicable)

Reason for Request: ________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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*Note: In the event of a roommate conflict, methods to resolve the conflict must be attempted prior to room change requested being granted. Please see an RA or the Residence Life Coordinator.

Room change requests are reviewed by the Residence Life Coordinator. Students will be contacted in the event that SHRL can offer a room change.

I understand and accept that a Room Change Administrative Fee of $150.00 will be posted to my ACORN account. I also understand that I am responsible for arranging my own move as well as all related expenses.

Student’s Signature: ___________________ Date: ___________________

FOR OFFICE USE ONLY:

House ID Assigned: ___________________

Fee Assessed: ___________________

Email Business Officer: ___________________

Date of House/Room Change: ___________________

Processed by: ___________________ Signature: ___________________ Date: __________