

**Room Change Request Form**

**Student Information:**

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Contact E-Mail: \_\_\_\_\_

Contact Number: \_\_\_\_\_ (cellular preferred)

Current Hall and Room: \_\_\_\_\_ (where do you live now?)

**Room/Building Request:**

Requesting a Specific Building and Room: \_\_\_\_\_

Requesting a General Building: \_\_\_\_\_  
*Rank all buildings you would prefer beginning with "1" as your top preference. Do not rank undesired buildings.*

<input type="checkbox"/> Bourgeois	<input type="checkbox"/> Concordia	<input type="checkbox"/> Fox	<input type="checkbox"/> Merrimack St.
<input type="checkbox"/> Leitch	<input type="checkbox"/> Eames	<input type="checkbox"/> School St.	<input type="checkbox"/> East Meadow Lane
<input type="checkbox"/> Donahue	<input type="checkbox"/> Sheehy	<input type="checkbox"/> Moody St.	<input type="checkbox"/> Princeton Properties
<input type="checkbox"/> Inn & Conference Center			

Desired Room Types: *(check all that apply)*

<input type="checkbox"/> Any	<input type="checkbox"/> Single	<input type="checkbox"/> Double	<input type="checkbox"/> Triple
<input type="checkbox"/> Quad	<input type="checkbox"/> Suite	<input type="checkbox"/> Apartment	<input type="checkbox"/> Premium Double
<input type="checkbox"/> Premium Triple			

**Roommate(s) Request and Other Notes:**

Requested Roommate(s): \_\_\_\_\_

If unable to accommodate my roommate request, I am willing to be separated from my requested roommate(s). *(check if yes)*

Additional Notes: \_\_\_\_\_

**Student Confirmation:**

**ROOM CHANGES:** Requests to change rooms will be considered on a first come, first served basis. All room changes require the approval of the Office of Residence Life (ORL). You may not, under any circumstances, change rooms without the approval of the ORL.

**OFFICIAL NOTIFICATION:** Whether or not your transfer is approved, you will be notified by the ORL. Failure to wait for this notification will result in disciplinary action. This is a request not a guaranteed room change. We will process your request based on when we receive this form and the current availability of rooms. The ORL holds the right to freeze room changes at the beginning of each semester for as long as one (1) calendar month.

**MOVING PROCESS:** If your room change is approved, you must check-into your new room with a Residence Life staff member and checkout of your old room with a Residence Life staff member within 48 hours. Failure to properly check-in, check-out, or move within this time will result in a fine and possible judicial sanctions.

**CONTRACT ADDENDUM:** Upon approval of the room change, this form becomes an addendum to the Housing Contract. Your signature below indicates acceptance of this contract, with all of its terms, conditions, room charges, and responsibilities.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Room Offered: \_\_\_\_\_ Status: Accepted Declined Date of Status: \_\_\_\_\_

Date of Move-In: \_\_\_\_\_ Staff Initials (Offer): \_\_\_\_\_ Staff Initials (RMS): \_\_\_\_\_

*Office Use Only*