

2021 – 2022 ROOMMATE/ROOM CHANGE REQUEST FORM

Office Use Only:	
Date & Time Received:	Approved: Yes 🔲 No 🔲
Date & Time Approved/Denied:	Final Assignment:

The Office of Residence Life will allow room changes to begin 14 days after the first day of classes; prior to that time, no room changes are permitted. It is the responsibility of the student(s) who initiates the room change to inform their roommate that they would like to move. After the first room change in the academic year, there is a \$50.00 administrative charge for subsequent changes.

Room changes are based on resident eligibility and room type availability. Not all room changes will be approved.

Resident Name:	SLUID:	
Gender:	Phone:	
Email:	Current Assignment:	
Why are you requesting a room change?		

Room Change: A room change is when a reside	nt wants to move into a different building, hall, or room.	
Provide your top 3 choices for a room change.		
1. Building/Hall:	Room Type:	
2. Building/Hall:		
3. Building/Hall:	Room Type:	
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<u>Room/Roommate Request</u>- A room/roommate request is when a resident wants to move into a specific room and/or a room with an available empty bed space with a preferred roommate.

Requested Roommate's Name: ____

_____ Preferred Room: ______

I understand that students who transfer rooms without written approval of the Office of Residence Life may be required to move back to their original rooms, and a \$75.00 fine, in addition to an administrative charge and/or disciplinary action, will occur. Detailed information can be found in the "Guide to Residence Living" found in the Campus Life Handbook.

If I am approved for a room change, I understand that I must properly check out of my current assignment. If I fail to do so, I will be assessed a fine that may include damage fees, key charges, and/or cleaning costs. I understand I must obtain my RA signature prior to submitting this Room Change Request Form to the Office of Residence Life.

I verify that I have spoken to my roommate(s) about the possibility that I may be switching rooms.

Resident Signature: _____

Date: _____

Current RA Signature: _____

Date: _____

Last Updated July 2021