



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: _____

*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: _____