To be completed if you wish to change your residential facility or room for the remainder of your contract period.

1. Indicate the facility and/or room from which you wish to be reassigned.
2. If you are requesting a specific room with a specific roommate, please obtain the signature of your prospective roommate to indicate a self-selecting, mutually agreed upon roommate matching.
3. If applicable, please discuss your intent to change your room/facility assignment with your current roommate.
4. Students requesting to move to Greek Facilities must obtain the signature of the Chapter President.

Please note:

a. This form serves as a request only. Although every effort will be made to accommodate your request, due to space considerations, we cannot guarantee that your request will be granted.
b. Single Room Requests require a separate form, along with supporting documentation.
c. Students will be informed of the status of the request in writing (email), such as pending, not available at this time, denied, pending further information, and approved.
d. If your request is approved, you will be given 24 hours to accept or decline the new assignment. If you do not respond, the request will be forfeited. In addition, if you accept you must complete your relocation and necessary check-in/check-out procedures by assigned date and time.
e. Requests will not be processed during Room Freeze periods (first two weeks of each semester and other designated times).
f. In order to be considered for a specific requested space, you must qualify to live in that space.

Please print and complete the following information.

Request Change for: □ Fall  □ Spring  □ Other: __________
First and Last Name: ________________________________ Gender:  □ Male  □ Female
University ID Number: ________________________________
Class Standing/Major: □ First Year  □ Second Year  □ Junior  □ Senior  □ Transfer  □ Dental Hygiene  □ Graduate  □ Professional Pharmacy  □ Health Science Major  □ Other: __________
Preferred Telephone Number: __________________________ Email: __________________________
Current Facility and Room Number: __________________________ Current Roommate Name: __________________________
Requested Facility: __________________________ Requested Room Number: __________________________
Requested Roommate Name and University ID Number: __________________________
Reason for request: (Use back of form for additional space, if needed.) __________________________

Student Signature: __________________________ Date: __________________________
Requested Roommate Signature: __________________________ Date: __________________________
Chapter President Signature: __________________________ Date: __________________________

Office Use Only:

Action: □ Approved  □ Denied  □ Canceled  □ Declined  Received Date: __________________________
New Facility/Room: __________________________ HGL Staff : __________________________
Move Completed: __________________________ RMS Updated: __________________________

February 18, 2015-Color: Light Blue