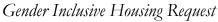
## Residential Life & Housing





Comments: \_

Term/Semester: ☐ Fall ☐ Spring ☐ Pharmacy Academic Year/	y Summer
Student Name:	Pacific ID#:
Current Address:	
	Cell Phone #:
Prospective Locations & Roommates: Identify preferred location	n and all the students you have selected as your prospective roommates
Preferred Building Locations:	
Preferred Meal Plan: ☐ Platinum Meal Plan ☐ Gold Meal Plan ☐ S.	ilver Meal Plan 🗖 Copper Meal Plan 🗖 Bronze Meal Plan
Preferred Roommate(s) (All requested roommates must turn in a Ge	• •
Name:	Pacific ID#:
Name:	Pacific ID#:
Name:	Pacific ID#:
<ol> <li>This form serves as a request only. Although every effor will be made to accommodate your request, due to space considerations, we cannot guarantee that your request will be granted.</li> <li>This request will only apply to one academic year.</li> <li>All interested roommates must be identified for the space requested. For example, 4 residents for Monagan and Chapamily Hall, and 3 for the McCaffrey Center Apartments.</li> <li>All interested roommates must be qualified for the same space.</li> <li>Students will be informed of the status of the request writing (email), such as pending, not available at this time denied, pending further information, and approved.</li> <li>Please submit a written statement addressing the following questions.</li> <li>Why do you want to live in gender-inclusive housing?</li> <li>Why have you chosen the students identified as your prosper.</li> </ol>	accept or decline the new assignment. All students must accept or the request will be forfeited.  6. Open Spaces, as a result of changes to the assignment, including room changes, unresolved roommate conflicts, policy violations, etc., will be reviewed and considered as follows:  a) Possible relocation of one or all residents b) Majority gender identification will determine the gender of the open space, including possible relocation of the student whose gender identification is in the minority.  If  estions and attach them to this cover page.
OFFICE	USE ONLY
Residential Life Staff Request Approved by:	
Comments:	
Operations Staff Building / Room Number:	Staff Initials: PMS Hadatad