

University Campus ~ MC 2068 Post Office Box 6665 Saint Leo, FL 33574-6665 Office: (352) 588-8268

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## 2022 - 2023 ROOMMATE/ROOM CHANGE REQUEST FORM

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(s) 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.

Office Use Only:	
Date & Time Received:	Approved: Yes  No
Date & Time Approved/Denied:	Final Assignment:
New Key Picked up:	Old Key dropped off:
Resident Information: Fill out all of the information ne Resident Name: Gender: Email: Why are you requesting a room change?	SLUID:Phone:
Room Change Type: Fill out the information below for A room change occurs when a resident wants to move Provide your top 3 choices for a room change.  1. Building/Hall: 2. Building/Hall: 3. Building/Hall: I am willing to move anywhere: Yes No	e into a different building, hall, or room.  Room Type: Room Type: Room Type:
Room/Roommate Request: A room/roommate request available empty bed space with a preferred roommate.	t occurs when a resident wants to move into a specific room and/or a room with an
Requested Roommate's Name:	Preferred Room:
their original rooms, and a \$75.00 fine, in addition to arcan be found in the "Guide to Residence Living" found i	written approval of the Office of Residence Life may be required to move back to administrative charge and/or disciplinary action, will occur. Detailed information in the Campus Life Handbook.  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 charg submitting this Room Change Request Form to the Office	ges, and/or cleaning costs. I understand I must obtain my RA signature prior to ce of Residence Life.
I verify that I have spoken to my roommate(s) about the	e possibility that I may be switching rooms.
Resident Signature:	Date:
Current RA Signature:	Date: