



Room Change Request

Please complete this form and return to the 4th Floor Student Affairs.

STUDENT PERSONAL INFORMATION

Name _____ Student ID _____

Phone Number _____ Email Address _____

Address _____
Street Apt # City State Zip Country

Semester 1 2 3 4 5 6 7 8 Gender Male Female

CURRENT HOUSING ASSIGNMENT

Building	Room Assignment
<input type="checkbox"/> Allview	
<input type="checkbox"/> Apartments	
<input type="checkbox"/> Bungalow	
<input type="checkbox"/> Franklin	
<input type="checkbox"/> Gilbert	
<input type="checkbox"/> Ivar	
<input type="checkbox"/> Vine	

REQUESTED HOUSING ASSIGNMENT (Rank In Order of Preference)

Building	(1: First Choice, 2: Second Choice, etc.)
<input type="checkbox"/> Allview	
<input type="checkbox"/> Apartments	
<input type="checkbox"/> Bungalow	
<input type="checkbox"/> Franklin	
<input type="checkbox"/> Gilbert	
<input type="checkbox"/> Ivar	
<input type="checkbox"/> Vine	

ROOMMATE REQUEST

New Roommate(s) - Print Name	New Roommate(s) - Signature	Date

ACKNOWLEDGEMENT OF GUIDELINES

Please read the guidelines listed below before signing.

1. AMDA reserves the right to assign persons to all vacant spaces, to make room changes, and to approve or deny a request at any time.
2. Both the person submitting this request and the new requested roommate(s) must indicate their agreement to the request for the room change by signing this form, except in the case where the student is assigned to a vacancy.
3. Any student making a room change without approval from Student Affairs may be subject to disciplinary action and/or reassignment.

I have read and understand the room change guidelines.

Signature _____ Date _____

FOR OFFICE USE ONLY

Room Change Request Approved Denied Notes _____

Request Processed By _____ Request Processed On _____

Student Affairs Signature of Approval _____ Date _____