

ROOM CHANGE REQUEST FORM



University of
Sioux Falls

Office of Residence Life

Please complete this form and submit it to the Assistant Dean of Students/Director of Residence Life, located in the Office of Student Development. The Resident Director of your requested building will e-mail you when a decision has been made. If it is approved, the email will contain specific steps to transition out of the hall. **You MUST move by the deadline provided or the change will be canceled.**

NAME		USF ID #	
CURRENT RES HALL		ROOM #	
USF EMAIL ADDRESS	@usioxford.edu	PHONE	

Check the ONE option which best represents your request:

<input type="checkbox"/>	REQUESTED RESIDENCE HALL		ROOM #	
<input type="checkbox"/>	I WOULD LIKE TO LIVE IN THE FOLLOWING HALL REGARDLESS OF ROOM/MATE:			

You must inform your current roommate(s) of your intent to move and obtain their signature acknowledging their understanding. If you are requesting to move into a specific room, you must also obtain approval signatures of the requested roommate(s):

CURRENT ROOMMATE SIGNATURE		DATE	
REQUESTED ROOMMATE SIGNATURE		DATE	
SIGNATURE(S) OF OTHER REQUESTED ROOMMATE(S)		DATE	
CURRENT RESIDENT DIRECTOR		DATE	
PROSPECTIVE RESIDENT DIRECTOR		DATE	

NOTE: This form is only accepted within the first two weeks of the semester and the two weeks prior to the end of the fall semester, unless otherwise granted permission by the Assistant Dean of Students. By signing below, you agree to abide by all conditions specified on this form, in the residence hall agreement, and within any verbal and/or written instructions from the Office of Student Development. Failure to adhere to these conditions could result in the denial and/or retraction of your request.

SIGNATURE		DATE	
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FOR OFFICE USE ONLY

<input type="checkbox"/>	APPROVED	<input type="checkbox"/>	DENIED	RATIONALE:	
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