



Housing and Residential Life

FALL 2009 ROOM CHANGE REQUEST FORM

Room Change Period: September 18th-September 28

First name: _____ Last name: _____
 Nine digit Banner ID number: _____ WSU Access ID: _____
 Cell/contact number: _____ Class year: _____
 Gender: _____ Current building: _____ Current room number: _____

New specific room request: use when requesting a specific room

Example: You would like to live in room 608 Towers Residence Hall)

Building name: _____ Building room number: _____

If room swapping with another person, name of person swapping with: _____
 and their Banner ID number: _____

New assignment request: Please write what room change request you are making.

For example: I am looking to move to a different floor within Atchison Hall.

I am looking to move to an A Suite Style room.

*TIP: It is recommended that you are broad in your request if you are not completing a room swap with another student, as space is extremely limited.

Reason for request: Please provide a detailed response for why you are requesting this room change.

 _____ (attach a page if needed)

Please initial each statement below indicating that you acknowledge and understand the guidelines.

_____ Wayne State University Housing reserves the right to approve or deny my room change request. I also understand that room assignments are not made and will not be changed, on the basis of race, creed, color, national origin or sexual orientation.

_____ A room change is not officially approved until this form is completed in its entirety, submitted to my building's Community Director and I have received notification from the Housing Coordinator via my Wayne State email. In the event that I make an unauthorized room change I will be charged a \$100 fine and will be required to move back to my originally assigned space. I will also not be permitted to further participate in any room change periods for the academic year.

_____ If a room change is granted, I will be provided with 24 hours to remove my belongings from my previously assigned space and be properly checked out with a Resident Advisor. Failure to check out properly within 24 hours may result in my room change approval being reversed and/or being charged improper check-out charges.

_____ **I understand that by requesting a room change, I am aware of any new financial charges that may be associated with this room change due room price differences. These charges will be reflected on my Pipeline account.**

You must obtain the signatures of your current roommate(s). We hope that you have already engaged in a conversation with your current roommate(s) to communicate that you are interested in moving. We also hope that if you are requesting a move due to a community living conflict in your current room/suite that you have spoken to your Resident Advisor and/or Community Director and made efforts in resolving any concerns you may have had. We ask that you obtain these signatures so that the Housing Staff knows that your current roommates are aware they may be receiving a new roommate.

1. Roommate Name: _____ Signature: _____
2. Roommate Name: _____ Signature: _____
3. Roommate Name: _____ Signature: _____

*In the event that you cannot obtain these signatures, you will need to speak with your Community Director as to why that may be the case.

By signing this form I understand that I am requesting this room change. Once a room change has been approved, I understand that this will be my assignment for the remainder of the year. I am aware that another room change period is not available until December where approved changes will go into effect for the Winter 2010 semester.

Student signature: _____ Date: _____

For Official Office Use Only:

Community Director recommendation: Accept [] Deny []

Housing Coordinator decision request: Approved [] Denied []

Reason if denied: _____

New building if approved: _____ New room if approved: _____

E-mail sent to student and building: Yes []

HMS Updated: Yes [] No []

SARS Updated: Yes [] No []

Room change completed in building: Yes [] No []

Improper Check-out charges: Yes [] No [] Amount: _____ (if applicable)