



OFFICE OF HOUSING AND RESIDENTIAL LIFE

INTERNAL MOVE REQUEST FORM

\*If your move is approved you will be charged a non-refundable \$250 fee to be paid at the time of lease signing.

\*Your move will not be approved if you have an outstanding balance on your Housing account.

\*Requests for moves within the same building for the same apartment type will not be granted.

\*Apartments for internal move requests are assigned in February for moves to take place May through July.

\*You will be required to sign a one year lease for the new unit.

\* You will have (2) two days to move from your old unit to your new unit.

If you wish to transfer to another apartment please complete the information and sign below.

You will be contacted via e-mail if your request is approved.

STUDENT \_\_\_\_\_ FACULTY \_\_\_\_\_ STAFF \_\_\_\_\_

NAME(S) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APARTMENT BUILDING \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

APT # \_\_\_\_\_

PHONE # \_\_\_\_\_

BUILDING I WOULD LIKE TO TRANSFER TO:

SHERBROOKE \_\_\_\_\_

DEROY \_\_\_\_\_

CHATSWORTH TOWER \_\_\_\_\_

UNIVERSITY TOWER \_\_\_\_\_

NUMBER OF BEDROOMS:

EFFICIENCY \_\_\_\_\_

ONE \_\_\_\_\_

TWO \_\_\_\_\_

THREE \_\_\_\_\_

LESSEE \_\_\_\_\_

LESSEE \_\_\_\_\_

LESSEE \_\_\_\_\_

LESSEE \_\_\_\_\_

LESSEE \_\_\_\_\_

LESSEE \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_