

UNIVERSITY OF MARY WASHINGTON

Office of Residence Life ROOM CHANGE FORM

Please note: All items must be completed and all appropriate signatures must be obtained prior to any move. Your room change is not complete until you have checked out of your current room, returned keys, and completed a RCI for your new assignment. Please check your UMW.EDU e-mail account for communication regarding your room change. *Any unauthorized room changes will result in a \$50 fine.*

PLEASE PRINT

- Name: _____ Banner ID#: _____
Last First M.I.
- Current building/room#: _____ Room Capacity: _____
- Cell phone # () _____ Email: _____
- Signature: _____ Date: _____
- Smoking Preference:
[] Non-smoker [] Smoker [] Non-smoker willing to live with a smoker
- I am requesting the following: (check one)

I'd like a room change and want to be assigned by the Office of Residence Life.

Top three building preferences: _____

New housing assignment building/room #: _____

Capacity of room: _____ Extension: _____

I'd like a room change, and I would like to be assigned to:

Requested housing assignment building/room #: _____

Capacity of room: _____ Extension: _____

New roommate(s) signature. (Current resident(s): Please sign here to acknowledge notification of room change):

I'd like a room swap

From Current housing assignment building/room # _____ Capacity of room _____

To Requested housing assignment building/room # _____ Capacity of room _____

All residents: Please sign here to acknowledge notification of room swap:

FOR OFFICE USE ONLY

Date Entered into Banner: ____/____/____ Entered by: _____

Notes: