



ROOM CHANGE REQUEST FORM

The Residence Life Office does its best to accommodate students and meet preferences from the Residence Application. When you are assigned a room, it is natural to wonder if this will be the right room for you. We have found that most students need to experience their room assignment for at least **three weeks** to discover the benefits. For those students who are certain that a room change is necessary, we will try to accommodate *one* room change request.

In cases where students desire a room change, the following steps must be completed before a room change will be authorized after the three week period noted above:

1. In cases that involve roommate conflict or incompatibility, first discuss issues with your roommate directly to see if they can be resolved. If they cannot, contact your Residence Advisor or Residence Coordinator to arrange roommate mediation. Please note that it is your responsibility to set up a mediation time.
2. Once mediation has taken place, if a room change is still desired you may complete the Room Change Request Form below and return in to the Residence Life Office – GMH303.
3. If your request is approved, you will be notified by the Residence Life Office to your STU email address and your financial account will be updated accordingly. A \$35.00 processing fee will be charged to your account. Any unauthorized room changes may result in disciplinary action. The Residence Life Office will issue room change authorization only once all the steps listed above have been completed. Should you decide to request a room change, please provide us with the following information:

_____	_____	_____@stu.ca
Student's First and Last Name	Student Number	STU Email
Current Placement: <input type="checkbox"/> HAR <input type="checkbox"/> HCH <input type="checkbox"/> RIG <input type="checkbox"/> VAN <input type="checkbox"/> WIN		Room Number: _____ <input type="checkbox"/> Double <input type="checkbox"/> Single
Requesting Change: <input type="checkbox"/> HAR <input type="checkbox"/> HCH <input type="checkbox"/> RIG <input type="checkbox"/> VAN <input type="checkbox"/> WIN		Room Number: _____ <input type="checkbox"/> Double * <input type="checkbox"/> Single
*Requesting roommate & student #: _____		
Reason for requesting a change: _____ _____		
_____	_____	
Student's Signature	Date	

Return completed form to:

*Residence Life Office,
George Martin Hall, room 303 Tel: (506) 452-0578
Email: residencelife@stu.ca*