University of Central Arkansas—Housing and Residence Life ROOM CHANGE REQUEST FORM

DUE: September 4
Housing Office
Bernard 201

Name:			ID #	:: <u>B</u>	
	First	Middle	Last		
Cell Pho	one:	Email:			
Room (Change Policy:				
1.	I. Room changes are only offered for a two week period at the beginning of each semester. Room changes are processed on a first come, first served basis based on available space. Most communication will occur via email-Check your email in myUCA!				
2.	2. Only students with a housing assignment are eligible to complete this request form. Room changes may result in additional housing or meal plan charges.				
3.	3. If a room change offer is extended, you will have to accept or decline the offer <u>and</u> move within 24 hours. Fall 2015 Room Change Period ends September 18, 2015.				
4.	4. In the case of a roommate conflict, mediation may be required before a room change request is considered.				
Date: _	Current (UCA Room/Apartment A	Address:		
Why ar	e you requesting a room o	change?			
Room (Change Type (circle):	Room Change	Roor	n Swap	
	Change Request				
1 st Choi	ice Hall/Complex:		Room # (if applicable):	
2 nd Choice Hall/Complex:			Room # (if applicable	_ Room # (if applicable):	
live wit				room to allow for resident(s) to refers to move. Signatures of all	
		Yes No	anna ann an Iorlia Daireata	De anno cuill in accordable i anal fa a	
"Privat	e rooms are limited and al	re not avallable in fresh	men residence nails. Private	Rooms will incur additional fees.	
Comme	ents: (please provide any	comments that you wo	uld like us to consider when e	valuating your request)	
		_	must properly check out of m r possible damage fees, key c	y current assignment or be harges, and/or cleaning costs.	
Resider	nt Signature:			Date:	
Office	e Use Only				
Decis	ion Assign	nment Change	Date:	Initial:	