



University of

Lethbridge

Housing Services

UNIVERSITY OF LETHBRIDGE
HOUSING SERVICES

ROOM CHANGE REQUEST

Student Name:

Student ID#:

Current Room Number:

Phone Number:

Current Room Type:

Requested Semester:

Room Type Requested: (Rank 3 Choices)

Room / Suite Preference:

1.

2.

3.

Roommate Preference (1):

Roommate Preference (2):

Roommate Preference (3):

Roommate Preference (4):

Roommate Preference (5):

Please accept this as my official request to be reassigned to a different room or suite. I understand my student account will be charged a **\$50.00 non-refundable fee once my room change has been approved.**

REASON FOR THIS REQUEST:

I have spoken with the following:

My Roommates

My RA

My VP

RLEC

MGMT TEAM

Do you want to reside in an alcohol-free environment?

Yes

No

Doesn't Matter

Activity Level: **Low**

(1)

(2)

(3)

(4)

(5)

High

Gender:

Male

Female

Age:

Year of Studies:

Semesters in Residence:

Date:

Student Signature:

FOR OFFICE USE ONLY

Date Received: _____ Fee Paid: _____ Receipt #: _____

ROOM CHANGE: APPROVED DECLINED PENDING

REASON: _____

RA ADVISED: Yes No Student Advised: Yes No

STUDENT RESPONSE: ACCEPTED / DECLINED

Captured 50.00 in Banner

New Inspection Sheet

New Roommates Notified

New Room added in Genetec

New RA Notified

Old Room Removed Genetec

Old RA Notified

Linen (International Students Only)

Check New Inspection IN (New Room)

Uncheck Insp Sheet in for Old Room

Security Notified

Communication Manager

List Serve Updated

StarRez (Check-in 'In Room') Notify OLD Roommates

Cash Office Notified – Banner Load
(Rm Rate / Dining Plan Changes)

Notify Housekeeping (Judy Jaeger)

StarRez ('Reserved'-New Room)

Staff Signature:

Date Completed:

RLEC USE ONLY:

Date Completed: