**Room Change Check-List**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Hall/Room: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Hall/Room: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Action Required** | **Initials of Professional Staff** | **Date** |
| 1. Meet with a Professional Staff member in Residence Life and inform them of your need to change rooms and your reasoning for leaving the room. |  |  |
| 1. See the Residence Life front desk and request your ID to be keyed for your new room and a one day temporary key for your old room (for you to move).(Albatross and Polaris residents will need to work with roommates in order to gain access to appropriate rooms.) |  |  |
| 1. Meet with your CURRENT Community Leader and schedule a time with them to complete a check-out of your room.  * Request an RCR for your new room * Move all of your belongings to your new room, and meet with your CL for your scheduled check-out time |  |  |
| 1. After your check-out, turn in your completed RCR to the Office of Residence Life. Request a new RCR for your new room. (Albatross and Polaris residents will need to return their hard key to their Community Leader AND sign the key back in the key card in the Residence Life office) |  |  |
| 1. Meet with your NEW Community Leader and ask them to sign off on your new room RCR (after you have completed it) |  |  |

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| 1. Return your RCR for your new room to the Residence Life front desk, and return your old room temporary key card. (If new room is in Albatross or Polaris, request new hard key, and sign it out on the key card |  |  |
| 1. Return this form to the Office of Residence Life |  |  |

**\*Please have this form completed by Residence Life staff members in order to complete your room change.**

Housing Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Associate Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_