



**San Francisco State University**

University Housing

**University Housing**  
 800 Font Blvd.  
 San Francisco, CA 94132-4036  
 Tel: (415) 338-1067  
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## ROOM CHANGE REQUEST

SECTION I		RESIDENT PORTION	
1. NAME (Last, First, Middle Initial) (Print)		2. SFSU ID NUMBER	
3. SFSU EMAIL ADDRESS		4. PHONE NUMBER (    )    -	
5. BUILDING (Check One) <input type="checkbox"/> PARK <input type="checkbox"/> WARD <input type="checkbox"/> STTC <input type="checkbox"/> TOWERS <input type="checkbox"/> VCS (A B C) <input type="checkbox"/> UPS		6. ROOM NUMBER	7. SPACE (Circle One) A   B   C   D
6. DETAIL REASON FOR REQUEST			
8. ROOM REQUEST a. BUILDING (Check One) <input type="checkbox"/> PARK <input type="checkbox"/> WARD <input type="checkbox"/> STTC <input type="checkbox"/> TOWERS <input type="checkbox"/> VCS (A B C) <input type="checkbox"/> UPS		b. ROOM NUMBER	c. PREFERENCE <input type="checkbox"/> I HAVE NO BUILDING/ROOM PREFERENCE
<p><b>IMPORTANT NOTICE:</b> COMPLETING THIS FORM AND TURNING IT IN DOES NOT AUTOMATICALLY GUARANTEE A ROOM CHANGE WILL OCCUR. ATTEMPTED MEDIATIONS TO RESOLVE ROOMMATE CONFLICTS ARE FIRST EXPECTED BEFORE PROCEEDING WITH THE ROOM CHANGE REQUEST. ALL ROOM CHANGE REQUESTS REQUIRE CONSENT FROM THE RESIDENT/AREA DIRECTOR OF YOUR BUILDING. ROOM CHANGES WILL ONLY BE GRANTED PENDING THEIR APPROVAL. ALL ROOM CHANGES ARE SUBJECT TO ROOM AVAILABILITY. IF APPROVED YOUR RESIDENT ASSISTANT WILL GIVE YOU THE NECESSARY PAPERWORK AND INSTRUCTIONS FOR MOVING.</p>			
9. STUDENT SIGNATURE		SIGNATURE	
I UNDERSTAND I MUST OBTAIN CONSENT FROM THE RESIDENT DIRECTOR BEFORE ANY MOVE MAY TAKE PLACE.		DATE (MM/DD/YYYY)	
SECTION II		RESIDENT ASSISTANT (COMPLETE THIS PORTION AND SUBMIT TO RD FOR APPROVAL)	
LIST ANY OBSERVATIONS/ACTIONS TAKEN/COMMENTS			
SIGNATURE		DATE (MM/DD/YYYY)	
SECTION III		RESIDENT/AREA COORDINATOR (FOR OFFICE USE ONLY)	
ROOM CHANGE APPROVAL		NEW ASSIGNMENT a. BUILDING (Check One)	
APPROVED	DENIED	<input type="checkbox"/> PARK <input type="checkbox"/> WARD <input type="checkbox"/> STTC <input type="checkbox"/> TOWERS <input type="checkbox"/> VCS (A B C) <input type="checkbox"/> UPS	
<input type="checkbox"/>	<input type="checkbox"/>	b. ROOM NUMBER	c. SPACE (Circle One) A   B   C   D
REASON FOR DENIAL			
RESIDENT/AREA DIRECTOR SIGNATURE		DATE (MM/DD/YYYY)	