FORT HAYS STATE UNIVERSITY
Department of Residential Life

ROOM CHANGE REQUEST FORM

Once this form is filled out, please turn in to the front desk of the hall you are requesting to move to. If you would like to request multiple halls, you will need to turn in separate forms to each. The Hall Director of the requested building will e-mail you with a decision as to if your request was approved or denied. If it is approved, you MUST move by the deadline given or the room change will not be allowed.

Name _____ University ID No. _____
Last (Family) *First* *Middle*

Current Building _____ Room # _____

Phone Number _____ FHSU Email _____

Requested Building _____ Room # _____

If you would like to request room changes to multiple halls/communities, rank your preferences of halls here:

First _____ Second _____ Third _____

I would like a new assignment in _____ regardless of roommate.

If you are requesting to move into a specific room, you must have the signatures of the requested roommate(s) below:

Requested Roommate Signature _____ Date _____

Requested Roommate Signature _____ Date _____

Requested Roommate Signature _____ Date _____

2014-15 HOUSING COSTS:

McMindes/Wiest	**$3,565 ($1,782.50/semester)**	**Tiger Place**	**$4,618 ($2,309/semester)**
Stadium Place		**Wooster Place**	
two bedroom	**$5,563 ($2,781.50/semester)**	***one bedroom***	**$5,131 ($2,565.50/semester)**
four bedroom	**$5,050 ($2,525/semester)**	***two bedroom***	**$5,563 ($2,781.50/semester)**
		two bedroom (shared apartment)	**$4,536 ($2,268/semester)**

Note: You will be responsible for the full difference between the cost of your current and new hall assignment on the next billing cycle following your move. Residents will be authorized to move only within the following timeframes: ***September 2–7***, ***October 13–19***, ***December 7–12***, ***January 18–19***, ***February 2–8***, *and* ***March 1–6***. *This form is due by 4:30pm on the Friday before these designated room change weeks.*

Your Signature _____ Date _____

FOR OFFICE USE ONLY

_____
Residential Life Office Timestamp

_____ _____
Hall Director Approval Signature *Date*

_____ _____
Date Move to be Completed By *Paperwork Entered Date*