



## Room Change Request Form

Please fill out this form completely and turn it into the Assistant Director of Housing Operations. Their office is located in the Flagler College Commons, office C113. Please email this completed form to [residencelife@flagler.edu](mailto:residencelife@flagler.edu).

Please rank the following options in order of 1-5, with 1 being your most desired option.

\_\_\_ I would like to request a new room with a roommate in any open space on campus.

\_\_\_ I would like to request a new room in a specific residence hall with any roommate.

Hall #1	Hall #2	Hall #3

\_\_\_ I would like to request a new room with a specific roommate.

Roommate name and Room Number		

\_\_\_ I would like to request a single room

\_\_\_ I would like to be put on a waiting list for a room change during the next academic semester.

Please note the following:

- The Office of Residence Life will do its best to accommodate preferences, but there is no guarantee that your first preference will be selected.
- Once the Office of Residence Life makes a decision, based on availability, you will be sent a notification with a new room choice and will have 24 hours to accept the new option or not. In the case of the waiting list option, that decision will be sent to you and you will not have to accept or deny.
- If you deny your option, you will automatically go on the waiting list for an available space during the next academic semester, with the exception of severe circumstances as determined by the Office of Residence Life professional staff.
- Once you accept your decision, you will have 72 hours to complete your new move and return your old key. Your new roommate and RA will be notified of your move. If the move occurs on a weekend, you will have until the following Monday to complete your move. Failure to return your key and or clean your old space will result in charges on your account.
- If you move to a residence hall that costs more, you are responsible for the additional charges.
- If you have an accommodation through the Disability Resource Center, you will need to provide documentation to us separately.

Name	Student ID Number	Current Room Number

I would like to meet with a member of the Office of Residence Life to discuss my particular circumstance.

For Office Use Only: \_\_\_\_\_

Date Offered	Space Offered	Accepted (Y/N)	Signature
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