*Office Use Only*

Talked with CD Y N
Date:_____

New Room Assignment:_____
Ext:_____

University of San Diego
RESIDENTIAL LIFE

Date:_____

**Room Change Request Form**

Name:_____ ID#:_____
Fall 2009 Room:_____ Phone#:_____
Email:_____ Alternate Phone#:_____

Please number your preferences in order. Please write "NO" next to areas that you would NOT consider moving to.

___Camino/Founders-SGL*
___Camino/Founders-DBL
___Camino/Founders-TLP/QUAD
___Maher-SGL*
___Maher-DBL
___Maher-TPL/QUAD
___Missions A-SGL*
___Missions A-DBL
___Missions B-SGL*
___Missions B-DBL
___Vistas-SHARED Bedroom
___Vistas-SGL Bedroom*
___SAP Apt-SHARED 1 Bedroom
___SAP SHARED Studio
___SBV APT-SGL Bedroom*
___SBV APT-SHARED Bedroom
___Manchester-SGL Bedroom*
___Manchester-SHARED Bedroom
___UTA Apt-SGL Bedroom*
___UTA Apt-SHARED Bedroom

**Grad/Law Only**
___Manchester Shared SGL Bedroom*
___Manchester SGL Unit Apt*
___Presidio SGL Unit Apt*

*I am willing to pay the extra rate for a single room/apt_____ (initials)

DESIRED ROOMMATE(S)_____

Would you be willing to move without your desired roommate(s)? Yes____ No____ Maybe_____

Additional Information (be as specific as possible):

_____
_____
_____
_____
_____
_____
_____
_____
_____
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