

University of Detroit Mercy Reassignment Request



Fall I Spring II Summer III Year

Person who wishes to move: Name: _____ Student ID #:

Cell Phone Number: -- UDM Email: @udmercy.edu

Current Building: Shiple North Quad South Quad East Quad West Quad Holden Current Room: _____

Do you smoke? Yes No Do you object if your roommate smokes? Yes No

Room request:

___ Single Room North Quad East Quad South Quad West Quad Holden Shiple

___ Fill A Vacant Space:

Building: North Quad East Quad South Quad West Quad Holden Shiple Room #:

New Roommate's Signature _____ New Roommate's Name: _____

___ Different Room (choose only one):

___ I wish to move into the first space available in any building

___ I wish to move into any available room in North Quad

___ I wish to move into any available room in East Quad

___ I wish to move into any available room in South Quad

___ I wish to move into any available room in West Quad

___ I wish to move into any available room in Holden

___ I wish to move into any available room in Shiple

___ I wish to move into a specific Building: _____ Room#: _____

___ Mutual Roommate Request To Move Into An Empty Room:

Each student must fill out a Reassignment Request AND sign each other's form.

New Roommate's Name: _____ Signature: _____

- Room change requests will be processed on a space available basis.
- If your room change request is approved, you must accept your new assignment.
- You must notify your current roommate of your intention to move rooms.
- After the notification of your new room assignment, you must move to your new room within 48 hours and return your key to the Office of Residence Life. Please see the *Guide to Residence Living: Checkout Policy*.
- When changing room assignments, additional charges may be added to your student account to accommodate the cost difference for your new room.
- Residence Life reserves the right to make all final decisions about room assignments and will make every effort to satisfy the applicant's preferences, but reserves the right to make adjustments as deemed necessary.

Your Name (please print):

Signature

Date

Your Room Assignment request has been: Approved Denied
Your new room assignment is Building _____ Room _____

If approved you need to come into the Office of Residence Life, Shiple 115 to pick-up your keys, during the fall and winter terms the office hours are 8:30 am to 5:00 pm. During the summer term office hours are 8:30 am to 4:30 pm. All residents **MUST** check out of their current room 48 hours after room change approval. Please review the enclosed checkout information; it will make your checkout Process a smooth transition. If you have any questions please feel free to call the Residence Life Office at 313-993-1230

Failure to complete the RCR check out form and returning keys to your RA will result in a \$50.00 improper checkout fee. If the key is needed for another room change and is still not returned, a lock change will be completed. This will result in an additional \$60.00 charge. (All students must fill out a new RCR check-in form upon moving)

Office use Only:

Received _____ Date Reassigned _____ Contact Made _____

Proration Amount _____ Charges sent to SAO _____ Changed in Banner _____ Changed on Floor Chart _____