University of Detroit Mercy

Office of Residence Life

University of Detroit Mercy
Reassignment Request

New Assignment

See below

Term I II III Year _____

Person who wishes to move:

Name: _____ M F Current Room & Hall _____

Phone: - Student ID # (Required to Process)

I authorize Residence Life to change my room assignment as requested on this form for the fall semester and will accept the new assignment chosen. I have read and will comply with all the procedures on this form.

Signature: _____ Date: ____/____/_____

Moving Together:
If you are requesting a move with another person, you should indicate what an acceptable reassignment option is for you both (Check all options you will accept).

Only if placed in the same bedroom
Only if placed on the same floor
Only if placed in the same suite
Request reassignment regardless of ability to be placed together

Person who is pulling you in: (I wish to pull the above person into room/suite.)
Name: _____ Room & Hall: _____

Phone: [redacted] Student ID # [redacted] [redacted]
Signature: _____ Date: ____/____/____

Room Change Request:
Complete this section ONLY if you wish to be reassigned to a different room than your current room assignment. Room changes will be based solely on the information provided below.

Rank your preference(s) (1, 2, 3, and 4). Mark only the housing type to which you will accept an assignment. Note specific room/apartment or suite preferences in the "Comments" section.

_____ Any suite in Quads _____ Any traditional Halls

_____ Program Specific floor/building _____ (list)

Requesting Specific Room: Building _____ Room Number _____

Room Change Status: Consolidating Room: _____ Declaring a Single_____
(Additional form required)

Contact Information:
I can be reached over the summer at the following phone number(s)

( ) _____ from this date_____ until_____. Email:_____

( ) _____ from this date_____ until_____. Email:_____

Send mail to me at the following address:_____

Room Assignment Decision

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 fee. If the key is needed for another room change and is still not returned, a lock change will be done. 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:
Date Received_____ Date Reassigned_____ Contact Made_____

Proration Amount_____ Charges sent to SAO Changed in APECS Changed on Floor Chart