

**City University of Hong Kong
Student Residence Office**

Serial No: _____

Application for Room Change/Swapping (PG Halls)

IMPORTANT NOTES:

1. Applicants should comply with the policies on room change/swapping.
2. SRO will entertain the requests approved by the Residence Masters, subject to room availability.
3. If you apply for a single room, intra-hall/inter-hall room change, please fill in the columns of 'Resident A' only.
4. The request of room swapping / change will only be entertained on 3rd October every year.
5. The period of Application for Room Change / Swapping ends on 30th April every year.
6. For approved applications, the residents will be informed to complete the room swapping procedures within 3 days. If the resident fails to complete the procedures within these 3 days, the approval for this room swapping/ change will be withdrawn by SRO automatically and without prior notice.

A. Personal Particulars

	Resident A <i>(swap the room with Resident B)</i>	Resident B <i>(swap the room with Resident A)</i>
Name in English		
Student Number		
Gender	<input type="checkbox"/> Male / <input type="checkbox"/> Female	<input type="checkbox"/> Male / <input type="checkbox"/> Female
Current Hall/Room	Hall_____ Room_____ Bed_____	Hall_____ Room_____ Bed_____
CityU Email Address		
Contact No.		
Signature		
Date (DD-MM-YYYY)		

B. Request for Room Change/Swapping *(Please tick (✓) where appropriate)*

- | | |
|---|---|
| <input type="checkbox"/> Intra-hall Room Swapping | <input type="checkbox"/> Intra-hall Room Change |
| <input type="checkbox"/> Inter-hall Room Swapping | <input type="checkbox"/> Inter-hall Room Change |
| <input type="checkbox"/> Request of Single Room | |

C. Reasons for Room Change/Swapping

(Attached with a separate sheet of paper if there is not enough space)

(P.T.O.)

D. Intra-hall/Inter-hall Room Swapping & Intra-hall Room Change*(Please tick (✓) where appropriate)***1. Mutual Agreement among Respective Roommates**

	Roommate/Flatmate of Resident A			Roommate/Flatmate of Resident B		
Name in English						
Student Number						
Hall / Room / Bed						
Agreement	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Signature						
Date (DD-MM-YYYY)						

2. Recommendations of Residence Tutors (RT)

	RT of Resident A							RT of Resident B						
Name in English														
Student Number														
Corresponding Floor														
Recommendations	<input type="checkbox"/> Recommend / <input type="checkbox"/> Not Recommend							<input type="checkbox"/> Recommend / <input type="checkbox"/> Not Recommend						
Signature														
Date (DD-MM-YYYY)														

3. Approval of Residence Masters (RM)

	RM of Resident A		RM of Resident B	
Name in English				
Corresponding Hall				
Approval Results	<input type="checkbox"/> Approve / <input type="checkbox"/> Reject		<input type="checkbox"/> Approve / <input type="checkbox"/> Reject	
Signature				
Date (DD-MM-YYYY)				

Personal Information Collection Statement

1. The personal data collected in this application form will be used by Student Residence Office to process Room Change / Swapping of Student Residence. All personal data on the application form are regarded as mandatory for the aforementioned purposes.

2. You have the right to request access to and correction of information under the Personal Data (Privacy) Ordinance.

For Office UseComplete Form

Updating AIMS: Staff: _____ Date: _____

Remarks: _____

Room Swap	
Room Change	
Special Case	
Approve / Reject by:	
