



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

Serial No: _____

Application Form for Room Swapping (PG Halls) - MOS Compound

IMPORTANT NOTES:

1. Applicants should comply with the policies on room swapping.
2. Room swapping application is only applicable to PG Halls within the same compound (i.e., Hall 12 & 13).
3. SRO will entertain the requests approved by the Residence Masters, subject to room availability.
4. The request for room swapping will NOT be entertained before check-in, and it will only be entertained between the 3rd of October and 30th of April.
5. For approved applications, email notification will be sent to both residents to complete the room swapping procedures at SRO counter within 3 days. If either one resident fails to complete the procedures within these 3 days, the approval for this room swapping will be withdrawn by SRO automatically and without prior notice. Same request will not be entertained in the same residential year.

A. Personal Particulars (Please tick (✓) where appropriate)

	Resident A (swap room with Resident B)	Resident B (swap room with Resident A)
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 & Bed	Hall_____ Room_____ Bed_____	Hall_____ Room_____ Bed_____
Contact Number		
Room Change before	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Signature		
Date (DD-MM-YYYY)		

B. Room Swapping (Please tick (✓) where appropriate)**Mutual Agreement among Respective Roommates**

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

Please sign against each amendment, if any. No correction materials such as correction fluid or tape for obliteration should be used.

(P.T.O.)

C. Reasons for Room Swapping

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

Recommendations of Residence Tutors (RT)

	RT of Resident A	RT of Resident B
Name in English		
Student Number	<input type="text"/>	<input type="text"/>
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)		

Approval of Residence Masters (RM)

	RM of Resident A	RM of Resident B
Name in English		
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

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

For Office Use

Complete Form

Updating AIMS: Staff: _____ Date: _____

Remarks: _____

Room Swap	<input type="checkbox"/>
Special Case	<input type="checkbox"/>
Approved / Rejected by:	
