


 City University of Hong Kong  
 Student Residence Office

Serial No: \_\_\_\_\_

Application Form for Room Swapping (UG Halls) - KLNT Compound
**IMPORTANT NOTES:**

1. Applicants should comply with the policies on room swapping.
2. Room swapping application is only applicable in the same compound.
3. SRO will entertain the requests approved by the Residence Masters, subject to room availability.
4. If you request a single room, please fill in the columns of 'Resident A' only and attached with supporting document(s).
5. The request of room swapping will only be entertained after the three weeks from the beginning of semester A and semester B of academic term.
6. The period of Application for Room Swapping ends on week 12 of semester A and semester B of academic term. No room swapping in summer term.
7. 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one resident fails to complete the procedures within these 3 days, the approval for this room swapping/ change will be withdrawn by SRO automatically and without prior notice.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)

	<b>Resident A</b> (swap room with Resident B)	<b>Resident B</b> (swap room with Resident A)
<b>Name in English</b>		
<b>Student Number</b>		
<b>Gender</b>	<input type="checkbox"/> Male / <input type="checkbox"/> Female	<input type="checkbox"/> Male / <input type="checkbox"/> Female
<b>Current Hall &amp; Room</b>	Hall_____ Room_____ Bed_____	Hall_____ Room_____ Bed_____
<b>Contact No.</b>		
<b>Room Change before</b>	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Yes / <input type="checkbox"/> No
<b>Signature</b>		
<b>Date (DD-MM-YYYY)</b>		

**B. Intra-hall / Inter-hall Room Swapping** (Please tick (✓) where appropriate)

**Mutual Agreement among Respective Roommates**

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

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. Request for Room Swapping** *(Please tick (✓) where appropriate)*
 Intra-hall Room Swapping   
 Inter-hall Room Swapping   
 Request of Single Room
**D. 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
<b>Name in English</b>		
<b>Student Number</b>	<input type="text"/>	<input type="text"/>
<b>Corresponding Floor</b>		
<b>Recommendations</b>	<input type="checkbox"/> Recommend / <input type="checkbox"/> Not Recommend	<input type="checkbox"/> Recommend / <input type="checkbox"/> Not Recommend
<b>Signature</b>		
<b>Date (DD-MM-YYYY)</b>		

**Approval of Residence Masters (RM)**

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

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"/>
Approve / Reject by:	
_____	