

**Application Form for Room Change / Swapping (UG 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 request a single room, please fill in the columns of 'Resident A' only and attached with supporting document(s).
4. The request of room swapping / change will only be entertained after the three weeks from the beginning of semester A and semester B of academic term.
5. The period of Application for Room Change / Swapping ends on week 12 of semester A and semester B of academic term. No room swapping / change in summer term.
6. 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one resident fails to complete the procedures within these 3 days, the approval for this room swapping/ change will be withdrawn by SRO automatically and without prior notice.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> <i>(swap room with Resident B)</i>	<b>Resident B</b> <i>(swap room with Resident A)</i>
<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.

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

- Intra-hall Room Swapping     Inter-hall Room Swapping     Request of Single Room

**D. Reasons for Room Change/Swapping**

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(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"/>
Room Change	<input type="checkbox"/>
Special Case	<input type="checkbox"/>
Approve / Reject by:	
_____	