


 City University of Hong Kong
 Student Residence Office

Serial No: _____

Application Form for Room Swapping (UG Halls) - MOS 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 column of 'Resident A' only and attach any supporting document(s).
5. The request for room swapping will only be entertained after three weeks from the beginning of Semester A and Semester B.
6. The period of Application for Room Swapping ends on week 12 of Semester A and Semester B. No room swapping is in summer term.
7. For approved applications, email notifications 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one resident fails to complete the procedures within these 3 days, the approval for this room swapping/ change will be withdrawn by SRO automatically and without prior notice.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)

	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	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. Intra-hall / Inter-hall 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	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. 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
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 UseComplete Form

Updating AIMS: Staff: _____ Date: _____

Remarks: _____

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