



City University of Hong Kong Student Residence Office Application for Room Swapping (PG Halls)

Serial No:	

IMPORTANT NOTES:

- 1. Applicants should comply with the policies on room swapping.
- 2. SRO will entertain the requests approved by the Residence Masters, subject to room availability.
- 3. The request of room swapping will only be entertained on 3rd October every year.
- 4. The period of Application for Room Swapping ends on 30th April every year.
- 5. 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 If the resident fails to complete the procedures within these 3 days, the approval for this room swapping will be withdrawn by SRO automatically and without prior notice.

A. Personal Particulars																
	Resident A					Resident B										
N	(swap the room with Resident B)						(swap the room with Resident A)									
Name in English		l	1	1		1	1	1		1		I	1		1	1
Student Number																
Gender	□ Male / □ Female						□ Male / □ Female									
Current Hall/Room	Ha	11	F	Room	1	Be	ed		Hall Room Bed							
CityU Email Address																
Contact No.																
Signature																
Date (DD-MM-YYYY)																
B. Reasons for Room Swa	ppin	ig ——														_

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

(P.T.O.)

		spective Room	D- 4							
	Koommat	e/Flatmate of 1	Resident A	Koommat	Roommate/Flatmate of Resident B					
Name in English										
Student Number										
Hall / Room / Bed										
Agreement	☐ Agree ☐ Disagree	☐ Agree☐ Disagree☐	☐ Agree☐ Disagree☐	☐ Agree ☐ Disagree	☐ Agree☐ Disagree☐	☐ Agree☐ Disagree☐				
Signature			□ Disagree	□ Disagree	□ Disagree	□ Disagree				
Date (DD-MM-YYYY)										
. Recommendation	es of Desidon	oo Tutors (Pi	[]							
. Recommendation	is of Residen	RT of Resid		R	RT of Resident B					
Name in English										
Student Number										
Corresponding Flo	oor				1 1					
Recommendations	S □ Reco	ommend / No	□ Recom	\square Recommend / \square Not Recommend						
Signature										
Date (DD-MM-YYY	Y)									
3. Approval of Res	sidence Maste	ers (RM)								
		RM of Resid	lent A	R	RM of Resident B					
Name in English										
Corresponding Ha	all									
Approval Results		☐ Approve / ☐	Reject		□ Approve / □ Reject					
Signature										
Date (DD-MM-YYY	Y)									
Personal Information Co. The personal data co. Room Swapping of St. nandatory for the afor	ollected in this udent Residenc	application for ce. All personal								

For Office Use									
Complete Form □	_								
Updating AIMS: Staff:	Date:								
Remarks:		Room Swap							
Application Form for Room Swapping (PG Halls) (Sep 2023)		Approve / Reject by:							