

Application Form for Room Swapping (UG Halls)

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. 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 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 Swapping ends on week 12 of semester A and semester B of academic term. No room swapping 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one resident fails to complete the procedures within these 3 days, the approval for this room swapping/ change will be withdrawn by SRO automatically and without prior notice.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)

	Resident A <i>(swap room with Resident B)</i>	Resident B <i>(swap room with Resident A)</i>
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 No.		
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.

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

1. The personal data collected in this application form will be used by Student Residence Office to process Room Swapping of Student Residence. All personal data on the application form are regarded as mandatory for the aforementioned purposes.

2. 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"/>
Approve / Reject by:	_____