Room Change Information Sheet

**Rationale:**
All students wishing to request a change of their room assignment must complete the appropriate paperwork at the Office of Residential Life. “Room Change Request” forms will be available the first day of classes each semester. There will be a moratorium on room changes for the first two weeks of each semester and during the last four weeks of each semester. This time period will allow the Office of Residential Life to confirm where vacancies exist, and will allow for prioritization of the requests received.

Generally, requests will be processed in order of priority and when they are received. Requests will be granted if a room change is deemed necessary and space is available. Students have the option to accept or decline offers for assignment changes.

**Policies and Procedures**

1. Students must complete the “Room Change Request Form” available online or at any of the Residential Life Offices (including Bennet, Butterfields, and Hewitt). **The form must be submitted in person and not emailed.**

2. Students seeking a room change as a disability accommodation must contact Disability Resources before their request can be reviewed. Residential Life will work with Disability Resources on all requests.

3. The student’s Area Coordinator (AC) will email him to set-up an appointment to discuss his reasons for requesting a room change.

4. The AC will assess during the meeting if the room change is the best option. Students involved in roommate or other conflicts will go through a mediation process to try and resolve the issue. If it is determined that a room change is necessary, the AC will meet with the Assignments Coordinator to discuss available spaces.

5. After meeting with the Assignments Coordinator the AC will email the student with an offer for a new housing assignment as spaces become available. The student has twenty-four hours after receiving the AC’s offer to accept or decline the new housing assignment. **If the student does not respond or declines the offer, the room change request will be withdrawn and the space will be offered to another student.**

6. **The student has 2 days to complete his move once the keys to his new residence have been picked up in the ORL.** Keys to former residence **MUST** be returned to the Office of Residential Life within this 48 hour period and access to student’s old residence will be turned off at this time. **Failure to return old room keys within 48 hours may result in a lock change for which the student will be financially responsible.**

7. If your new residence is card access, any guest access you have been granted will be transferred to the new residence, unless you us that you are withdrawing their guest access.

8. **Student Room Change Requests will be kept on file for the academic year.**

9. **Room Change Requests may be withdrawn if the student neglects to respond to professional staff.**

10. **Note that priority will be given to students in the following situations:**
   - Students in emergency situations.
   - Students in temporary housing assignments.
   - Students requesting room changes for medical or other special needs.

<table>
<thead>
<tr>
<th>Area Coordinator (interim)</th>
<th>Area of Responsibility</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maureen Isleib</td>
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</tr>
</tbody>
</table>
Section I: Student Information

Name:______________________  WesID:____________________  Date:____________

Current bldg/Room Assignments:_________________________ Year: □ 2017 □ 2018 □ 2019 □ 2020

Email:____________________@wesleyan.edu  Cell Phone:____________________

Housing Preference*: Please list building and/or room type

1._________________________________  2._______________________________  3.________________________________

*should it be available

Have you shared with your student staff member that you are requesting a room change? (Check one)  □ Yes  □ No

Section II: Reason for Request

Please give a very brief statement about your request; you may elaborate when you meet with a staff member.

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

Student Signature

By signing below you are acknowledging that you have read through and understand the Room Change Information Sheet as well as the policies and procedures it outlines.

Your Signature:_________________________________________ Date:____________

STAFF USE ONLY:

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

New Assignment:________________________________________

Date Approved:____________________  Date Moving:____________________

Email: New AC, Residential Operations & Assignments Coordinator and Assistant Director

☐ Update List Serve

Prof. Staff Signature:________________________________________