REQUEST FOR ROOM CHANGE

Residential Programs & Services (RPS) at MCLA Townhouse #89, 413-662-5249 (ext. 5249)

NAME:		DATE: P.O. BOX #: ON-CAMPUS EXT.:	
ON-CAMPUS ASSIGNME	NT:		
A#: CELI	_ PHONE:		
DATE OF BIRTH:	AGE:	CLASS STATUS:	
CURRENT ROOM/APART	MENT MATES (S):		
area change. You will be co remember that no change	ntacted when and if your ro of room may take place e. Students who move withou	change, room type change and/or residence om change request can be honored. Please until you receive a written room change ut written approval will be assessed a \$50 fee	
I WOULD LIKE TO CHANG	GE MY ASSIGNMENT TO	: (Please be as specific as possible.)	
Berks	hire Towers – Room#		
Hoosa	ac Hall – Room #		
Flagg	Townhouses – Apt. #	Room	
I WOULD LIKE TO:			
Keep	my current room as a prer	mium single.	
Move	to a premium single in and	other location.	
•	necked either of these stat d sign your acceptance of	ements, you must read the following the terms outlined.	
student more pe premiun	account will be adjusted accorder semester than a double, or pr	and that if I am approved for a premium single my lingly. The charge for a premium single is \$400 to-rated portion thereof. Students accepting a ney prefer a double room must identify their own nother double room.	
Signed:		Date:	
	,	lease use the back of form, if needed.)	