



THE UNIVERSITY OF THE WEST INDIES  
CAVE HILL CAMPUS

HALLS OF RESIDENCE

**CHANGE OF ROOM/HALL FORM**

**RESIDENT NAME:** ..... CAVE HILL ID # .....

**EMAIL ADDRESS:** .....

**HALL INFORMATION**

**ROOM NUMBER** \_\_\_\_\_

**REASON FOR CHANGE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A Resident wishing to change room or hall must indicate the reason. Changes must not take place without the consent of the Hall Administrator.

I understand that no guarantee is given for change of room or hall. If approval is granted, I must complete the move within 48hrs.

Signature: .....

Date: .....

**OFFICE USE ONLY:**

Permission Granted \_\_\_\_\_ Room Number \_\_\_\_\_

Permission Denied \_\_\_\_\_

## **Transfer Mini-Checklist**

- 1. Resident complete transfer request form**
- 2. Resident awaits confirmation email regarding move status**
- 3. Resident picks up keys for new room and check-in room/hall inspection form**
- 4. Once all belongings have been transferred to new room/hall resident returns key for old room and signs in**