



Mid-Year Apartment Request/Change Form

Please drop this form off at the Woodside, Gables or Housing Office no later than 12:00noon on Monday, November 18, 2019.

Name: _____ Student I.D. # 9 ____ - ____ - _____ Date of Birth: ____/____/____

Sex: _____ E-mail Address: _____ Cell Phone Number: _____

Current Assignment (if residence hall, fill in building and room only): _____/_____/_____/_____
Complex Building Apt# Room

I am requesting that the Housing Office randomly assign/re-assign me to an apartment space.

I would prefer a space at: The Gables Woodside

My room-type preferences are (single or double): 1st Choice: _____ 2nd Choice: _____

My signature below indicates my understanding that I am/continue to be legally and financially bound to the terms and conditions of the University of New Hampshire Room and Board Agreement for the 2019-2020 academic year. I also acknowledge that this application, if approved, will result in the cancellation and release of my current housing assignment.

Signature

Date

**Please Note: If you and a friend would like to be reassigned together, please staple your forms together prior to submission.

Housing Office Use Only

Assignment: _____

Staff Initials & Date: _____