OPEN TRANSFER REQUEST FORM: SPRING 2020

FIRST NAME ____________________ LAST NAME ____________________ STUDENT ID# ____________________

CURRENT HALL/ROOM ____________________ UH EMAIL ____________________ PHONE # ____________________

IMPORTANT INFORMATION

1. Use care when indicating selections. Requests will be processed exactly as written, and if granted will be FINAL.
   a. Room types must be available for the halls you select.
   b. ONE hall selection per choice- eg. “Hale Aloha” is an invalid choice, “Mokihana” is a valid choice.
   d. All student housing policies and conditions apply.

2. Participation in the meal plan program is MANDATORY for all residential halls and OPTIONAL for apartment residents.

3. Please check your Hawaii.edu email for the results of your transfer request.

4. If your transfer is accommodated, your student account will be updated. You will be responsible for paying any rent increase and meal plan charges resulting from your transfer request.

HALL 1st ____________________ 2nd ____________________ 3rd ____________________

ROOM TYPE
__ Single Occupancy __ Double Occupancy __ Triple Occupancy (HK /HL) __ Triple Occupancy (HK/HL)
__ Double Occupancy w/bath (GH) __ Double Occupancy w/bath (GH) __ Double Occupancy (GH)
__ 1-BR Apartment (DOUBLE) __ 1-BR Apartment (DOUBLE) __ 1-BR Apartment (DOUBLE)
__ 2-BR Apartment (QUAD) __ 2-BR Apartment (QUAD) __ 2-BR Apartment (QUAD)
__ MOD 2-BR Apartment (Grad only) __ MOD 2-BR Apartment (Grad only) __ MOD 2-BR Apartment (Grad only)
__ 2-BR, 4 occupants (FH) __ 2-BR, 4 occupants (FH) __ 2-BR, 4 occupants (FH)
__ 4-BR, 4 occupants (FH) __ 4-BR, 4 occupants (FH) __ 4-BR, 4 occupants (FH)
__ 2-BR, 2 occupants (FH) __ 2-BR, 2 occupants (FH) __ 2-BR, 2 occupants (FH)
__ 1-BR, 2 occupants (FH) __ 1-BR, 2 occupants (FH) __ 1-BR, 2 occupants (FH)

**Bldg & Room # ____________________ ____________________ ____________________

If your requested room is not available, will you accept a transfer to another room in that hall?

1st YES NO 2nd YES NO 3rd YES NO

SIGNATURE: __________________________________ DATE: ____________________

I acknowledge that I have read the information on the request form and agree to all the terms and conditions.

TRANSFER REQUEST FORMS MUST BE SUBMITTED TO THE STUDENT HOUSING OFFICE BY: TUESDAY, FEBRUARY 11, 2020 BY 4:00PM (HST) NO LATE EXCEPTIONS WILL BE MADE.

For Assignment Use Only:

O Transfer Approved Date Effective: _______________ O Transfer Denied Date Denied: _______________