, ,	NE: 503-943-7205 WEB: <u>up.edu/residencelife</u> 503-943-8081 EMAIL: <u>reslife@up.edu</u>
Name:	UP Student ID#:
Hall Name and Room #:	Age:
UP Email:	Semester request applies to:
Current credit year: first year sophomore	□ junior □ senior □ graduate
SUBMIT ALL PAPERWORK <u>ONE WEEK PRIOR</u> TO T Provide explanation below, or attach su	THE DAY YOU WISH THE CHANGE TO GO INTO EFFECT. upporting documentation for all requests.
1. ROOM CHANGE - WRITE THE DATE YOU WANT TO MAKE THIS CHANGE:	
Current Hall and Room #:	New Hall and Room #:
<i>is a:</i> Double Single Triple Quad <i>with a:</i> Private bathroom	<i>is a:</i> □ Double □ Single □ Triple □ Quad <i>with a:</i> □ Private bathroom
HD approval: Date of change:	HD approval: Date of change:
EXTENDED STAY: (<i>Daily room rate of \$52.00/night will be asse</i> Early Arrival (<i>date checking in</i>):	
, , ,	
Early Arrival (<i>date checking in</i>):	ssed for early arrival & late stay lodging) Late Stay (date checking out): TODAY'S DATE: TODAY'S DATE: Prorate: Check Registration: Prorate: SLARASG = date: