A NOTE ABOUT THE PROCESS: The Residence Life staff is devoted to developing a community atmosphere that emphasizes accountability and authenticity. In conjunction with this desire and the Residence Life Community Development Model, staff will promote positive interactions with people of various backgrounds. If conflicts arise as a result of these interactions, staff will assist students in approaching one another in a respectful and intentional manner to best alleviate the conflicts. Room changes will not be granted as a means to avoid conflict resolution.

ROOM CHANGE REQUEST PROCEDURES

1. Room changes will only take place after the first six weeks in the Fall Semester and the first two weeks in Spring.
2. Room changes are a privilege and not a right.
3. You must meet with your roommate(s) about the issues you are experiencing (whether as a result of the overall environment or from a conflict). Identify the issue(s) and have your roommate(s) print and sign that you have discussed your concerns with them.
4. If the issue is not resolved after a discussion with your roommate(s), meet with your Resident Assistant (RA) to communicate the reason you are requesting a room change and determine if they can help resolve your conflict. The RA will hold a meeting with all residents of the room to find a mutual compromise.
5. After this meeting, if the same issue(s) persists, and your RA cannot help resolve your conflict, you will be referred to your current Residence Director by your RA.
6. Final approval/denial of room change requests is determined by your current Residence Director and will be communicated via your Gonzaga University email. If applicable, additional instructions and information related to your room change will be provided at that time.
7. Students are responsible for bringing approved or denied request forms to the Housing Office in person.
8. Students who are approved to change rooms will be assessed a $25 room change fee and will be given 48 hours to complete their room change. Failure to properly check in, check out, follow through with the room change, or move within the 48 hour time frame will result in additional fines.

   This process can take up to one month before completion.

For reasons other than roommate conflict (i.e. safety concerns, medical issues, etc.):
1. If you are in immediate danger, contact Campus Security at 509-313-2222.
2. If you need an immediate room change, please call the RA on call of your area (7 PM-7 AM) or your Residence Director.
APPLICANT INFORMATION

Name: _____________________________________  Student ID #:_______________________

Email: _____________________________________  Cell Phone #:_______________________

Current Building and Room: ___________________  Building Preference:____________________

Signature: __________________________________

COMMUNICATION WITH CURRENT ROOMMATE(S)

In the space provided below, please identify the reasons for which you are requesting a room change. These reasons must be discussed with your current roommate(s). If the reasons are a result of difficulties within the room, you must communicate these issues with your roommate(s).

__________________________________________________________________________________________

__________________________________________________________________________________________

Roommate Name(s): Printing and signing your name(s) means that you have discussed as a room the reasons outlined above for why a room change has been requested.

1. Name: _________________________________  Signature: ______________________________
2. Name: _________________________________  Signature: ______________________________
3. Name: _________________________________  Signature: ______________________________
4. Name: _________________________________  Signature: ______________________________
5. Name: _________________________________  Signature: ______________________________

ROOMMATE CONVERSATION WITH RA

Date of mediation: ________________________  Time: ________________________

-Discuss Roommate Contract

-Discuss Concerns:

__________________________________________________________________________________________

__________________________________________________________________________________________

Create action steps for resolution:

__________________________________________________________________________________________

__________________________________________________________________________________________

Were all roommates present for this conversation? Yes or No

RA name: _______________________________  Signature: _______________________________

RA recommendation for room change: Yes or No

RA comments:

__________________________________________________________________________________________

CURRENT RESIDENCE DIRECTOR RECOMMENDATION

This room change request has been:  □ Approved  □ Denied

Comments:__________________________________________________________________________________________

Signature: _______________________________  Date: __________________________