

Transfer Request Form

Terms and Conditions of Transfer of Room Assignment:

Fall Transfer Applications will be accepted beginning at 9:00 a.m., Tuesday, September 8. Please note that there are no singles available in first-year locations.

This form will not be processed if submitted before **9:00 a.m. on Tuesday, September 8.**
Please note that applications are processed according to seniority and availability.

Submission of this application is **BINDING!** That is to say, if you are authorized for a transfer, you agree to abide by the following rules:

1. If we are able to meet one of your choices, you **WILL BE** required to move within 24 hours. Failure to move will result a \$250 penalty that will be charged to your student account.
2. If you begin moving and do not complete your move within 24 hours of signing your contract, the items in your old room will be considered trash and discarded. The fee for this will be \$250.
3. Pay the daily charges for the space into which that resident transfers, from the day the transfer becomes effective until the last day of the contract period.
4. Pay the daily charges for the space from which you transfer, from the first day of the contract period until the day the transfer becomes effective, or when all personal property is removed and the keys are returned, whichever is later.
5. You must Check-Out from your old room properly. Please complete the Web Inventory Report and return your old key.

Since you will be required to move if one of your preferences is met, it is recommended that you utilize the comment box to state any special requirements you may have for a preference.

All students are required to print and complete this form and have it signed by your AD and RA. Completed Transfer forms should be turned into 125 Wallach Hall. All fields on this form are required.

Last Name:	First Name:	PID:	Gender: M F
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School: CC SEAS	Year: Sophomore Junior Senior	Room currently occupied:
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Your Campus phone number, extension 3-	Your Columbia e-mail address (UNI):	Your Cell Phone number:	I would like to transfer ONLY to a single-sex floor: Yes No
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Transfer Request Form

Please rank your preferred housing choices below:

1 st :	5 th :	9 th :
2 nd :	6 th :	10 th :
3 rd :	7 th :	11 th :
4 th :	8 th :	12 th :

Enter the name(s) of the person(s) with whom you would like to share a double or suite: (separate names with commas)

Disability Housing Accommodation

If you wish to request accommodations on the basis of a disability, you must complete the Disability Housing Accommodations process in addition to completing this form. More information about the process, including required forms and guidelines for disability documentation are available online at <http://www.health.columbia.edu/docs/services/ods/housing.html>. For further information, please contact the Office of Disability Services at 212.854.2388.

Enter any comments, additional information, or special requirements in the box below: (We will not move you unless we can meet ALL of the requirements you specify on this form; you may indicate limits on room size, direction of window, etc., but be advised that this will seriously limit our ability to move you.)

By signing below, you agree to abide by the Terms & Conditions above. You also agree to pay the new room rate for whatever room you are transferred to.

Sign your full name here:

Date:

Please have your AD and RA sign below, indicating their approval for your Transfer.

AD signature here:

Date:

RA signature here:

Date: