

Department of Housing & Residential Life  
University of Illinois at Springfield

**Space Change Request Form**

Resident Information			
<b>Resident Name:</b>			
<b>UIN:</b>		<b>Current Room Assignment:</b>	
		<b>Future Room Assignment:</b>	
<b>Signature:</b>			<b>Date:</b>
Resident Director Approval			
	<input type="checkbox"/>	<i>Approved</i>	<b>Date:</b>
	<input type="checkbox"/>	<i>Denied</i>	<b>Date:</b>
<b>Comments:</b>			
	<input type="checkbox"/>	<b>Central Housing Office (\$75 space change fee)</b>	<b>Date:</b>
<b>Resident Director Signature</b>			<b>Date:</b>