

Term/Semester: Fall Spring Pharmacy Summer
Academic Year _____/_____

Student Name: _____ Pacific ID#: _____

Current Address: _____

Email: _____ Cell Phone #: _____

Prospective Locations & Roommates: Identify preferred location and all the students you have selected as your prospective roommates

Preferred Building Locations: _____

Preferred Meal Plan: Platinum Meal Plan Gold Meal Plan Silver Meal Plan Copper Meal Plan Bronze Meal Plan

Preferred Roommate(s) (All requested roommates must turn in a Gender Inclusive Housing Request)

Name: _____ Pacific ID#: _____

Name: _____ Pacific ID#: _____

Name: _____ Pacific ID#: _____

Before requests will be considered, all interested students must meet with the Associate Director for Residential Life, or designee, to review of the process, options, and expectations including the following:

1. This form serves as a **request only**. Although every effort will be made to accommodate your request, due to space considerations, we cannot guarantee that your request will be granted.
2. This request will only apply to one academic year.
3. All interested roommates must be **identified** for the space requested. For example, 4 residents for Monagan and Chan Family Hall, and 3 for the McCaffrey Center Apartments.
4. All interested roommates must be **qualified** for the same space.
5. Students will be informed of the status of the request in writing (email), such as pending, not available at this time, denied, pending further information, and approved. If request is approved, students will be **given 24 hours** to accept or decline the new assignment. All students must accept or the request will be forfeited.
6. **Open Spaces**, as a result of changes to the assignment, including room changes, unresolved roommate conflicts, policy violations, etc., will be reviewed and considered as follows:
 - a) Possible relocation of one or all residents
 - b) Majority gender identification will determine the gender of the open space, including possible relocation of the student whose gender identification is in the minority.

Please submit a written statement addressing the following questions and attach them to this cover page.

1. Why do you want to live in gender-inclusive housing?
2. Why have you chosen the students identified as your prospective roommates?

I understand that this is a request and is not guaranteed. I also understand that I must complete a Student Housing Contract when I accept the placement within 48 hours of the date indicated on the notification from Residential Life & Housing or the placement will be forfeited. In addition, once I have accepted the placement, I must also select a MEAL PLAN.

Student Signature: _____ Date: _____

OFFICE USE ONLY

Residential Life Staff
Request Approved by: _____ Staff Initials: _____ Date: _____

Comments: _____

Operations Staff
Building/Room Number: _____ Staff Initials: _____ RMS Updated: _____

Comments: _____