



Responsible Staff: _____
(For Staff Only)

Shaw College Hostel Room Swapping/Change Application Form

Important Notes:

1. Assigned room and hostel place must not be swapped, re-loaned or transferred without prior official approval. Any student who has been found to commit the above will be subject to disciplinary actions.
2. We will only consider application with clear and justifiable reason(s) and attachment of SID copies of all students involved.
3. We will not accept application with incomplete information or insufficient documentation.
4. Applicant(s) should complete Part A, B, C & D of the application form with respective parties and submit it to the respective hostel counter during office hours (Monday through Friday from 9 am to 1 pm and 2 pm to 5 pm except public holidays).
5. We will inform the result to the applicant(s) once it is ready. Until then, applicant(s) should remain in his/her/their assigned room(s).
6. Successful applicant(s) is/are required to fill out Part F of the application form at the respective hostel counter within 7 days after the completion of room swapping/change. Application will be considered invalid if the applicant(s) fail to do so.

A. Information of Applicants (To be completed and signed by the applicants)

	Applicant A (person who swaps with Applicant B)	Applicant B (person who swaps with Applicant A)
Name In English		
Name In Chinese		
SID Number		
Current Room Number		
Email Address		
Mobile Phone Number		
Signature		
Date		

B. Reason(s) for Room Swapping/Change (To be completed by the applicants)

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C. Information of Students Involved (To be completed and signed by the respective students)

	Roommate 1 of Applicant A	Roommate 1 of Applicant B
Name In English		
Name In Chinese		
SID Number		
Room Number		
Email Address		
Mobile Phone Number		
Comment	* Agree / Not Agree	* Agree / Not Agree
Signature		
Date		

	Roommate 2 of Applicant A (if applicable)	Roommate 2 of Applicant B (if applicable)
Name In English		
Name In Chinese		
SID Number		
Room Number		
Email Address		
Mobile Phone Number		
Comment	* Agree / Not Agree	* Agree / Not Agree
Signature		
Date		

	Roommate 3 of Applicant A (if applicable)	Roommate 3 of Applicant B (if applicable)
Name In English		
Name In Chinese		
SID Number		
Room Number		
Email Address		
Mobile Phone Number		
Comment	* Agree / Not Agree	* Agree / Not Agree
Signature		
Date		

* Please circle your answer properly.

D. Tutor's Recommendation

	Tutor of Applicant A	Tutor of Applicant B
Name		
Recommendation	* Yes / No	* Yes / No
Reason(s)		
Signature		
Date		

For Hostel Office Use Only

E. Approval

Title	Assistant Hostel Manager
Name	Doris Ho
Comment	* Approve / Not Approve
Signature	
Date	

Application Receiving Date: _____

Result Informing Date: _____

Period for Room Swapping/ Change: From _____ To _____

F. Confirmation of Room Swapping / Change (To be completed and signed by the applicants)

Applicant A
Name In English: _____
I here confirm that I have swapped my room and room key from Room No: _____ of *Kuo Mou Hall / Student Hostel II to Room No: _____ of *Kuo Mou Hall / Student Hostel II with Applicant B.
Signature: _____ Date: _____

Applicant B
Name In English: _____
I here confirm that I have swapped my room and room key from Room No: _____ of *Kuo Mou Hall / Student Hostel II to Room No: _____ of *Kuo Mou Hall / Student Hostel II with Applicant A.
Signature: _____ Date: _____

* Please circle your answer properly.