

Booking Change Request: 2018-2019

StarID/TechID _____ Name _____

Daytime Phone _____ Email Address _____

There is no guarantee that we will be able to change your room assignment. Our ability to change your room assignment depends on the availability of the room type you are seeking. Your booking change request will be considered until August 16. If we are not able to accommodate your request by this date, you will have the opportunity to change rooms during Room Change Days (September 10-11). If your room assignment or roommate changes, we will notify you by email. Booking change requests will be considered in the order they are received.

1. Which is More Important to You? CHOOSE ONE!

Room Choice (You prefer another room assignment with the understanding that this may separate you from your roommate preference).

Living with your Preferred Roommate (You will only move if both of you can be moved together).

2. Roommate Preference

Complete this section only if you wish to live with a specific student. To be assigned to the same room, each student must submit the other's Minnesota State Mankato StarID/TechID and first and last name on a Booking Change Request Form. **Roommate requests will be considered only if the request is received by both students.** If we can accommodate your request, we will change your room assignment. We cannot guarantee an assignment in any particular room type.

Requested Roommate's StarID/Tech ID _____ Requested Roommate's Name _____

3. Rank Room Type Preferences

NUMBER your room type preferences 1, 2, 3, etc. Mark your first preference as 1. ONLY MARK THE ROOM TYPES FOR WHICH YOU WOULD CONSIDER A ROOM CHANGE. **Keep in mind that room rates vary, depending on room type.** For room rates, visit link.mnsu.edu/rates.

BASIC ECONOMY SINGLE _____

RENOVATED ECONOMY SINGLE _____

SINGLE SEMI-SUITE _____

BASIC SINGLE ROOM _____

RENOVATED SINGLE _____

DOUBLE SEMI-SUITE _____

BASIC FULL-BATH SINGLE _____

RENOVATED FULL-BATH SINGLE _____

APARTMENT in:

_____ Stadium Heights
(Double Room in a 5-Person Apt.)

BASIC DOUBLE _____

RENOVATED DOUBLE _____

_____ Stadium Heights
(Single Room in a 5-Person Apt.)

BASIC FULL-BATH DOUBLE _____

RENOVATED FULL-BATH DOUBLE _____

_____ Stadium Heights
(Single Room in a 3-Person Apt.)

BASIC TRIPLE _____

RENOVATED TRIPLE _____

4. Comments

Please provide any comments that you would like for us to consider while evaluating your request.

5. Sign _____ Date _____

Return this form to: Department of Residential Life, 111 Carkoski Commons, Mankato, MN 56001
email: reslife@mnsu.edu fax: 507-389-2687