

# Wish List: 2019-2020

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 Wish List request will be considered until August 9.** 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 9-10). If your room assignment or roommate changes, we will notify you by e-mail. Wish List forms 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.

- Roommate requests will be considered only if the request is received by both students.

- We cannot guarantee an assignment in any particular room type.

- MAKE SURE YOUR ROOM TYPE PREFERENCES (below) MATCH!

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](http://link.mnsu.edu/rates).

BASIC SINGLE ROOM \_\_\_\_\_

RENOVATED SINGLE \_\_\_\_\_

SINGLE SEMI-SUITE \_\_\_\_\_

BASIC FULL-BATH SINGLE \_\_\_\_\_

RENOVATED FULL-BATH SINGLE \_\_\_\_\_

DOUBLE SEMI-SUITE \_\_\_\_\_

BASIC DOUBLE \_\_\_\_\_

RENOVATED DOUBLE \_\_\_\_\_

APARTMENT in:

BASIC FULL-BATH DOUBLE \_\_\_\_\_

RENOVATED FULL-BATH DOUBLE \_\_\_\_\_

\_\_\_\_\_ Stadium Heights

(Double Room in a 5-Person Apt.)

\_\_\_\_\_ Stadium Heights

(Single Room in a 5-Person Apt.)

BASIC TRIPLE \_\_\_\_\_

RENOVATED TRIPLE \_\_\_\_\_

\_\_\_\_\_ Stadium Heights

(Single Room in a 3-Person Apt.)

## 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](mailto:reslife@mnsu.edu) fax: 507-389-2687