

Application for Bed Swapping

Application period for Mutual Swapping:

Semester 1 Intake: 2 weeks after offer start date to 30 Sep /

Semester 2 Intake: 2 weeks after offer start date to 15 Feb

A) Privacy Policy: <https://bupdpd.hkbu.edu.hk/policies-and-procedures/pps-pics>

Important Notes:

1. Bed swapping with residents in another room is **NOT** applicable for those participating in the Local & Non-local Pairing Pilot Scheme.
2. Application can **ONLY** be made for mutual swapping.
3. Successful applicants are **EACH** required to pay an administrative fee of \$100 for bed swapping to another Hall/Room.
4. Completed form to be submitted to respective SHO for processing and approval before the application deadlines.
5. Applicants are responsible to settle any differences in the lodging fees incurred among themselves due to the change of different room types. ACCM will not issue a revised debit note as a result in the change of room type from room change. In the event of reporting lodging fee amount of residents to the Government Student Finance Office or the Scholarships & Financial Aid Unit of SA, the reported amount will be referred to the debit notes issued by ACCM only.

B) Details of Residents Involved in the Mutual Swapping:

1. Applicants

	Resident 1	Resident 2	Resident 3	Resident 4
English Name				
Student No.				
Current Bed Assigned				
Preferred Bed				
HK Phone No.				
Declaration	We, the above-named residents, hereby sign to indicate our consent to the requested changes. We will also be responsible for the relocation of our own belongings.			
Signature				

2. Acknowledgement of Roommates

Roommate of	Resident 1	Resident 2	Resident 3	Resident 4
English Name				
Student No.				
HK Phone No.				
Signature				

C) Reasons for Requesting the Swapping:

(use separate sheet when necessary)

D) Hall Tutor Acknowledgement:

Sign: _____ (HT); Floor: _____ ; Date: _____

Sign: _____ (HT); Floor: _____ ; Date: _____ [If involving more than 1 floor]

Office Use Only

Approved by: (Bed swapping with different room)

_____ (SHO) _____ (date)

_____ (SHO) _____ (date) [If involving more than 1 Hall]

Approved by: (Bed swapping within the same room)

_____ (SHO) _____ (date) [For bed change]

↩	Checkbox↩	Yes↩
1↩	Resident Information↩	↩
2↩	Mutual Swapping↩	↩
3↩	Pairing Pilot Scheme↩	↩

Office Use Only

	Completion Date:	R1	R2	R3	R4
1	Room Inspection				
2	Return Old Door Card				
3	Collect Door Card for Relocation (2 doors)				
4	Update New Door Card				
5	Update Student Card & HIMS				
6	Administrative Fee				

*Please write the **date** in the boxes.

Bed / Room change period: From _____ to _____

*Confirmed by _____ (SSHO/ASHM) _____ (date)
