

Application for Interchange of Bed within the Same Room

A) Details of Residents Involved:

	Resident 1	Resident 2	Resident 3
English Name			
Chinese Name			
Student No.			
Room No.			
Gender			
Bed Being Assigned	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/>
Preferred Bed	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/>
Contact No.			
Signature *			

* We, the above-named residents, hereby sign to indicate our consent to the requested changes. We will also be responsible for relocation of our own belongings.

B) Reasons for Change:

C) Bed Changing Procedures:

1. Please fill in the form and submit it to your Hall Tutor for endorsement. Your Hall Tutor will return your form to the G4 Service Counter.
2. Within 3-5 working days after form submission, you **MUST** come to the G4 Service Counter for updating Student Card and Door Card. Failing which will result in cancellation of application without prior notification.

Office Use Only

Endorsed by: _____ (HT) _____ (date)

Approved by: _____ (SSHO) _____ (date)

Bed change date: _____

Copy to RCO: _____

	完成日期:	R1	R2	R3
1	更新房門咭			
2	更新學生證			
3	更新電腦資料表-HIMS			