

ROOMING GROUP SUITE SIZE REQUEST FORM

Return form to House Administrator (D-13).
See Information Packet for details and deadlines.

Group Spokesperson Name: _____

Spokesperson Phone: _____

Spokesperson Email: _____

Rooming Group Names	Graduation Dates	Signatures
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

If the House is unable to accommodate your preferred suite size, you will be notified and need to regroup. Regroup options will be allowed ONLY to those rooming groups that are forced out of a particular suite size by House capacity restrictions.

Only one Suite Request Form per rooming group is necessary.

Housing Questionnaires are not required.

For Office Use Only

Lottery #: _____

Suite Selected: _____