

# UNIVERSITY APARTMENTS

## University Housing and Dining

### Transfer Request

Date: \_\_\_\_\_ Contract Holder: \_\_\_\_\_ UTEID: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Complex: (circle one) Brackenridge Colorado Gateway Apartment Number: \_\_\_\_\_

Anticipated Date of Graduation: \_\_\_\_\_

I wish to transfer from: \_\_\_ 1 Bedroom \_\_\_ 2 Bedroom \_\_\_ 3 bedroom to: \_\_\_ 1 Bedroom \_\_\_ 2 Bedroom \_\_\_ 3 bedroom

#### ELIGIBILITY FOR REQUEST (check applicable box):

- Transfer requests will only be reviewed in cases of extenuating circumstances (documentation required)
- A transfer fee of \$300 will be charged for approved transfers and will be bill at the time of the transfer
- Must be a contract holder for 12 months
- Will not be graduating or leaving the University Apartments for at least 12 months
- Transfers to a specific complex or apartment will not be approved
- Transfers are not offered prior to the 12 class day in the fall and spring semesters and will not be offered in the summer except in extenuating circumstances
- Transfers requested due to a temporary increase in the number of registered guests will not be considered

Reason for your request:

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#### PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

I confirm that I meet eligibility requirements for a transfer request. I also understand that I must notify the University Apartments of any changes to my current status. Acceptance of a transfer will require that I vacate my current apartment within two days of the begin date of the new apartment contract. Priority is established by the date the request is received, along with required documentation. Transfer request will not be reviewed without supporting documentation.

My signature below confirms that I have read and understand all the information listed on this form

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parental/Representative Permit (FOR STUDENTS UNDER THE AGE OF 18) Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only – Do Not Write Below This Line

Transfer Approved: YES NO

New Contract Start: \_\_\_\_\_ Vacancy Date: \_\_\_\_\_ Check Out Date: \_\_\_\_\_

Parking Placard(s) Returned: # returned \_\_\_\_\_ # missing \_\_\_\_\_

Placard # \_\_\_\_\_ Placard # \_\_\_\_\_

Apartment Key(s) Returned: # keys returned \_\_\_\_\_ # keys missing \_\_\_\_\_

Mailbox Key(s) Returned: (circle) # keys returned \_\_\_\_\_ # keys missing \_\_\_\_\_

Photo ID Verified: \_\_\_\_\_ File Updated: \_\_\_\_\_ System Updated: \_\_\_\_\_  
Staff Initials Staff Initials Staff Initials