

ROOM EXCHANGES AND TRANSFERS

<input type="checkbox"/> Request for room exchange within the same Student Residence <input type="checkbox"/> Request for room exchange between different Student Residences	
1st APPLICANT	2nd APPLICANT
Surname _____	Surname _____
First name _____	First name _____
Born on ____ / ____ / _____ in _____ Province _____	Born on ____ / ____ / _____ in _____ Province _____
Tax Code _____	Tax Code _____
Holder of bed place in room no. _____ of the Student Residence at: <input type="checkbox"/> Via Businco – <input type="checkbox"/> Campus La Plaia – <input type="checkbox"/> via Sassari – <input type="checkbox"/> Via Biasi	Holder of bed place in room no. _____ of the Student Residence at: <input type="checkbox"/> Via Businco – <input type="checkbox"/> Campus La Plaia – <input type="checkbox"/> Via Sassari – <input type="checkbox"/> Via Biasi
is authorized to take possession of the bed place in room no. _____ of the Student Residence at: <input type="checkbox"/> Via Businco – <input type="checkbox"/> Campus La Plaia – <input type="checkbox"/> Via Sassari – <input type="checkbox"/> Via Biasi	is authorized to take possession of the bed place in room no. _____ of the Student Residence at: <input type="checkbox"/> Via Businco – <input type="checkbox"/> Campus La Plaia – <input type="checkbox"/> Via Sassari – <input type="checkbox"/> Via Biasi

NOTE

On **October 7, 2025 (Tuesday)**, starting from the publication of the final ranking list for bed PLACE assignments and until 6:00 p.m., this form must be submitted via the dedicated ticket system on the Student Portal.

The form must be submitted by **both students** requesting the room exchange.

Exchanges involving **3 or more bed spaces will not be accepted.**

Cagliari, _____

The student
