



ROOM/RESIDENCE TRANSFER REQUEST

StudentN°/Code SAP (mandatory):

Surname, First Name

**Address of the actual
residence :**

University of Luxembourg
Uni.lu Accommodation

2, Avenue de l'Université
L-4365 Esch-sur-Alzette

Date:

Subject: Room transfer request

Dear Sir or Madam,

I would like to submit a room/residence transfer request:

Motivation

Room

Room/studio in the same residence:

- Choice 1:
- Choice 2:
- Choice 3:

Residence :

- Choice 1:
- Choice 2:
- Choice 3:

Best regards,

Signature