

Student Housing Move-In Inspection Form

Student Name

Student ID

Room Number

Date

Inspection Checklist

Item	Condition (Good/Fair/Poor)	Comments
Walls	<input type="text"/>	<input type="text"/>
Floors	<input type="text"/>	<input type="text"/>
Ceiling	<input type="text"/>	<input type="text"/>
Windows	<input type="text"/>	<input type="text"/>
Doors	<input type="text"/>	<input type="text"/>
Furniture	<input type="text"/>	<input type="text"/>
Appliances	<input type="text"/>	<input type="text"/>
Bathroom	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Additional Notes

Student Signature

Staff Signature