$150 (ROOM CHANGE FEE)

ROOM CHANGE REQUEST FORM

Date ____________________  Classification ______________________________

Students Name __________________________ ID # _______________________
(Last) (First) (MI)

I understand that completing this form does not imply approval and that I must receive confirmation from
the Residential Life Assignment Coordinator.

_________________________
Initial

I request to change my room from the following room:
Residence Hall ________________ Apt/Suite # ______________ Room # ___________


to the following room:
Residence Hall ________________ Apt/Suite # ______________ Room # ___________

_________________________________________  _______________________
Signature ________________________________ (Student) (Date)

_________________________________________  _______________________
Signature ________________________________ (Current Residence Life Coordinator) (Date)

_________________________________________  _______________________
Signature ________________________________ (New Resident Life Coordinator) (Date)

_________________________________________  _______________________
Signature ________________________________ (Residential Life Assignment Coordinator) (Date)

_________________________________________  _______________________
Signature ________________________________ (Director of Residential Life) (Date)

COMMENTS:

__________________________________________________________________________________

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