



OFFICE OF RESIDENTIAL LIFE

Room Change Form

Name: _____

Date form issued: _____

Current Resident Hall: _____ Current Room number: _____

ID # _____

Single

Double

NO STUDENT MAY MOVE FROM HIS/HER ROOM UNTIL HE/SHE HAS RECEIVED APPROVAL FROM THE DIRECTOR OF RESIDENTIAL LIFE. Each student who has been approved to move must schedule a time to check out with his/her Resident Assistant, and must also schedule a check-in time with his/her new Resident Assistant. If there is any room damage to the room, we will notify the Business Office to place the charges on the appropriate student's account.

Failure to complete this form properly and completely or moving without full authorization may result in a \$100.00 fine and/or the denial of the request.

Where you would like to move: _____

New Residence Hall: _____ New Room number: _____

Single

Double

Why are you requesting the change?

Signed by: _____

New Roommate

Signed by: _____

HD signature from current Hall

Signed by: _____

HD signature from NEW Hall

Room Change approved by: _____

Associate Dean of Students/Director of Residential Life

Room Condition Form check out completed

Room Condition Form check-in completed

Old Key turned in

New key given

Central Office Use Only:

Floor plans/pencil rosters

Colleague

Financial Aid

Business Office