



Room Change Request
Office of Student Affairs

No move may take place without the completion of this form. Approval or denial for each request is at the discretion of the Office of Student Affairs.

Name of Student _____

Current Assignment _____ *Hall* _____ *Room Number*

I request to move to the following room and building:

All participants in the requested change must sign below, indicating their agreement to the change. Once all signatures are obtained, return to your Resident Director. The Director of Campus Life will then accept or deny the requested change. You will be notified via Jewell e-mail or telephone call regarding the decision of your request.

	Name/Signature of Participant	Hall & Room Number	Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Required Signatures

Resident Assistant _____ Date _____

Resident Assistant _____ Date _____

Resident Director _____ Date _____

Resident Director _____ Date _____

Director of Campus Life _____ Date _____

Approved _____ *Denied* _____

- ◆ Return your completed form to your Resident Director for approval.
- ◆ ARD/RDs will obtain the signature of approval/denial from the Director of Campus Life.