Office of Residence Life
Room Change Form

Name __________________________________________ ID# ____________________________
Classification ________________________________ Semester ______________________

If staying in the SAME Residence Hall and you just want to change rooms, please complete the following information:

Present Dorm ___________________________ Room# ______________________________
New Room # _____________________________
Signature of New Roommate
____________________________________
Signature of Resident Director
____________________________________

**This change must be agreeable to all residents involved. Signatures above are an indication of approval.

If requesting to CHANGE RESIDENCE HALLS, complete the following information:

Present Dorm ________________________________________ Room # __________
Desired Dorm ________________________________________ Room # __________
Recommend Approval: Yes No

Signature of Current Residence Hall Director Date

Recommend Approval: Yes No

Signature of New Residence Hall Director Date

Final Approval: Yes No

Signature of Director of Residence Life Date