

Room Change Request for Resident Life



HANNIBAL-LAGRANGE UNIVERSITY

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RESIDENT LIFE FORM INSTRUCTIONS

Room changes are decided by the Residence Director and Associate Dean of Residential Life. Complete the top portion of this form and submit to your Resident Advisor. You will be notified of approval within a few days of submission.

To be completed by student:

Student Name: _____
Last First Middle

Student ID Number: _____

Student Signature: _____ Date: ___/___/___

CURRENT ROOM ASSIGNMENT:

Residence Hall: _____ Room # _____

Reason for request: _____

PRIVATE ROOM REQUEST:

I am requesting a private room. I understand that there is an additional charge for a private room.
The current private room charge is \$ _____ per semester.

DESIRED ROOM ASSIGNMENT:

Residence Hall: _____ Room # _____

Desired date of move: _____

To be completed by residential life staff:

Student Initiated Room Change Administrative Room Change

\$25 Fee Submitted: Yes No _____ Initials

Approved by: (Signatures)

Residence Director: _____ Date: ___/___/___

Associate Dean of Residential Life: _____ Date: ___/___/___

At time of move:

Date of move: ___/___/___ Time of move: _____

Room key returned: Yes No _____ Initials

Apparent damages: Yes No _____ Initials

Resident Advisor Signature: _____ Date: ___/___/___

Additional information: _____

11/10 PR