

NCMC Residence Life Room Change Request

Name: _____ Date: _____

Current Hall & Room #: _____ Phone #: _____

Requested New Room #: _____

I understand that I will be responsible for any and all changes in my current room. I also understand that if I move into a private room, I will be responsible for the Private Room Rate.

Signature

Date

You must obtain the following signatures PRIOR to turning this form in as a REQUEST to move. **ALL** moves must be approved by the Residence Life Coordinator in your hall. You will be notified as soon as the request has been approved.

1. Current Roommate
Signature: _____
2. New Roommate
Signature: _____
3. Current RA Signature: _____
4. New RA Signature: _____
5. Coordinator Signature: _____
6. Parent Signature: (If under 18) _____

Turn this form into the Residence Life Coordinator.
You will be notified when, and *if*, your request is approved.
Any questions, please contact Selby Dorm Director at 1480, or Ellsworth Dorm Director at 1470.

Any move completed prior to approval will result in a write-up, as well as denial of the move request.