Office of Residence Life
Bethune Cookman University

Residence Hall/Room Change Request Form

Name: ___________________________  Student ID: ___________________________
Contact Email: ___________________  Contact Number: ______________________
Current Residence Hall and Room: ____________________________________________
{ } Requesting a specific building and room __________________________
{ } Requesting any Building and room

________________________________________
Reasons for room change:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student Signature ___________________________  Date ________________________

If you are not requesting a roommate change do not write below the line.

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Requested roommate ___________________________
{ } If unable to accommodate my roommate request, I am willing to be separated from my roommate.

Office Use Only

Room Offered: ________________________  Accepted  Declined
RLC Signature: ________________________  Date: _____________________________