

HOUSING & FOOD SERVICE CHANGE FORM

Student Name: _____

Student ID Number: _____

TO BE COMPLETED BY RESIDENCE LIFE:

Change Due To:

**Current Assignment
& Meal Plan**

**Requested Assignment
& Meal Plan**

Effective Date of Hall Change: _____ Residence Life Approval _____

To Be Completed by Student Accounts Office:

Last Board Access: _____

Total Meals Used This Semester: _____

Total DCB Dollars Used: _____

Effective Date of Meal Change: _____

Student Accounts Approval: _____ Student Signature _____

To Be Completed by Office of Administrative Services

Adjustments to be made to Student Account:

	<u>Adjustment</u>	<u>Subcode</u>	<u>Amount</u>	<u>Debit/(Credit)</u>
Hall Credit	—	_____	—	_____
Hall Charge	—	_____	—	_____
Meal Credit		_____	_____	_____
Meal Charge	—	_____	—	_____

Director of Administrative Services Approval _____