

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: _____

Date of Last DCB Access: _____

Total DCB Dollars Used: _____

Effective Date of Meal Change: _____ Student Accounts Approval _____

To Be Completed by Director of Payroll and Special 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 Payroll & Special Services Approval _____