

## Request for a Private Room

l,	, am requesting a private room at
Louisiana Christian Unive	ersity for the following reason:
□ Due to Medical Co	ondition (please attach doctor's evaluation, dated
within the last 6 months,	detailing your medical or behavioral health condition)
☐ Have earned over	30 hours of academic credit (excluding Dual
Enrollment).	
In order for your request	to be considered, you must submit this form every
academic year.	
Student Information:	
Name:	Student ID:
Address:	
Email:	
Cell Number:	
Date of Request:/_	/
Semester Applied For:	
If approved, I understand t	hat this form only applies to the current academic year and
must be completed for eve	ery new academic year. *Please note, there is an upcharge
for private rooms*	
Signature:	Date:

## For Office Use Only: Date Received: \_\_\_\_/\_\_\_/ \_\_\_\_\_ The above student is **approved** to live in a private room \_\_\_\_\_ The above student is **denied** to live in a private room for the following reasons: This form is NOT valid unless signed by all of the following: **Director of Residence Life** Date Director of Mental Health Counseling (If Medical) Date Director of the Office of Disabilities (If Medical) Date **Additional Notes:**