



Request for a Private Room

I, _____, am requesting a private room at Louisiana Christian University for the following reason:

- Due to Medical Condition (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 that this form only applies to the current academic year and must be completed for every new academic year. *Please note, there is an upcharge for private rooms*

Signature: _____ Date: _____

