



Nichols College
Learn. Lead. Succeed.

Office of Residence Life

Change of Status Form

Date _____ Student Name _____

ID #: _____ Effective Date of Status Change _____

COMMUTER TO RESIDENT

○ Reason for moving on-campus _____

RESIDENT TO COMMUTER

○ Reason for moving off campus (check all that apply)

Financial

Do not enjoy on campus living

○ What did you not enjoy? _____

Roommate Issues

Other (please list) _____

○ What was your experience living on campus? Do you have any feedback for the Office of ResLife to enhance the experience of others?

○ Current Phone Number _____

○ Will you be living at your permanent home address on file?

Yes

No

○ If No, please list your local off-campus address below

Student Signature

Staff Signature
