

TEXAS COLLEGE CHARGES TO STUDENTS

TO: Business Office

FROM: Student Affairs

DATE: _____

Please adjust the account balance of the student listed below for the reason(s) indicated:

_____ NAME _____ SS# _____

RESIDENCE HALL CHANGE:

- Moving from on-campus to off-campus as of _____ DATE _____ SEMESTER _____
- Moving from off-campus to on-campus as of _____ DATE _____ SEMESTER _____

DAMAGE FEE/FINE:

- | | AMOUNT | SEMESTER | DESCRIPTION OF DAMAGE AND/OR FINE: |
|--------------------------|----------|----------|------------------------------------|
| <input type="checkbox"/> | \$ _____ | _____ | _____

_____ |
| <input type="checkbox"/> | \$ _____ | _____ | _____

_____ |

APPROVAL:

1. REQUESTOR _____

2. DEAN, STUDENT LIFE _____

3. VICE PRESIDENT FOR STUDENT AFFAIRS _____

4. COMPTROLLER OR VICE PRESIDENT FOR FISCAL AFFAIRS _____