

RESIDENCE HALL AGREEMENT CANCELLATION FORM

Name: _____ SE ID #: _____ Cell Phone #: _____
Last Name First Name

SE e-mail address: _____ Term of the Agreement to be cancelled: _____

Have you moved into your assigned room? Yes Not yet No, and I do not plan to move in.

Current Room Assignment: Building: _____ Room #: _____

As of the end of the last semester, had you successfully completed 24 credit hours? Yes (continue below)

No – You cannot cancel your agreement unless/until you have been approved to live off-campus. You must attach a copy of the letter which approved your release from the Residency Requirement. If you have not been released to live off campus, please complete the Freshmen Residency Waiver Request Form and submit it (along with any required documentation) to the Housing & Residence Life Office. Your RH Agreement will remain in effect until/unless you are released from the Residency Requirement, and you submit a completed RH Agreement Cancellation Form with a copy of the letter attached. Please note that the process of approving a release may take several weeks.

Reason for canceling your Residence Hall Agreement:

- I have completely withdrawn from the University (and have attached a copy of the signed Withdrawal Form).
- I got married (and have attached a copy of the Certification of Marriage).
- I am not happy with the meal plan requirements.
- I am not happy with the Residence Hall Policies.
- I am graduating or student teaching during the Spring Semester (please circle the appropriate choice)
- I am not happy with the physical condition of my room (Please explain below.)
- I have received activation orders from the military (and have attached a copy).
- Other (please explain): _____

Meal Plan

- I would like to continue my meal plan.
- I would like to cancel my meal plan, starting on the following date: _____

I plan to move-out on the following date: _____. (Pending my scheduling and completing the Check-out Procedures.)

I understand that I **must schedule a check-out appointment** with Housing & Residence Life Staff at least **24 hours in advance**. I understand that I will continue to accrue charges as long as I do not complete the Check-Out Process with Housing & Residence Life Staff. I understand that I am subject to additional charges for improper check-out, failure to clean my living area before checking out, failure to return the keys to my room and any damages in my assigned living area.

Signature of Student: _____ Date: _____

To be completed by Business Services:

All information is completed and check-out process has been explained. If proper check-out is completed on the date identified above, the estimated charges will be:

Meal plan usage: _____	ESTIMATED TOTAL* _____
Room charges: _____	(If check-out process completed as scheduled and no additional charges assessed)
Housing cancellation penalty: _____	Comments: _____
Deposit refund: (enter 0 or credit) _____	

Staff Signature: _____ Student Signature: _____ Date: _____

OR Completed Form was e-mailed to student on: _____ (date) by: _____ (staff name –attach copy)

To be completed by Housing & Residence Life:

Cleaning charges: _____ Total additional charges: _____
Damage charges: _____
Miscellaneous fees: _____ Housing & Residence Hall Director: _____ Date check-out completed: _____