



Office of Residence Life

CANCELLATION OF HOUSING AGREEMENT

This form must be returned to the Office of Residence Life prior to the date of your cancellation. The checkout date on record will be used as the last day of your Agreement. You will continue to be charged for room and board until the checkout date on record.

Complete the following steps to cancel your Agreement:

- Complete this form and submit it to the Residence Life Office.
- Schedule a check-out time with your Resident Assistant (RA).
- Have all your belongings out of the room at your check-out time.
- Return your key to the RA and sign the Room Condition Report form at the check-out time.
- Complete a forwarding address card at the campus mailroom so that your mail may be forwarded to you.
- Submit a Security Deposit Refund form if you are eligible for a refund of the room security deposit (less any outstanding charges).

Please note: There is a \$200.00 fine if you do not check out of your room properly with your RA. There is a \$50.00 charge per key that is not returned.

| | | |
|---|-----------------------------------|-----------------------------|
| Name: _____ | | F00 _____ |
| Class Standing: <input type="checkbox"/> FR | <input type="checkbox"/> SO | <input type="checkbox"/> JR |
| <input type="checkbox"/> SR | <input type="checkbox"/> Graduate | Hall & Room: _____ |
| Phone: (____) _____ | E-Mail: _____@_____ | |
| <u>Date of Checkout/Cancellation:</u> _____ / _____ / _____ | | |

Be sure to sign up for a checkout time at least 24 hours in advance with your RA. You must sign all appropriate in-hall paperwork and return your keys before board charges will be prorated, if applicable. Failure to comply will result in an improper check-out fee assessed by Residence Life staff.

Reason for Cancellation: withdrawing from CUW transferring student teaching study abroad military*

Other: _____

Student Signature: _____ Date: _____

***FOR STUDENT:** If you are cancelling due to military service, you must provide supporting documentation attached to this form.

Refer to your copy of your Residence Hall and Food Service Agreement for additional information about cancelling your Agreement prior to the end of the term of your agreement.

FOR OFFICE USE ONLY

Date Received: _____ Initials: _____ Date of check-out: _____ Date keys received: _____

Proper check-out: YES NO Deposit refunded: YES (Amount) _____ NO (Reason) _____