

DEPARTMENT OF RESIDENCE LIFE & HOUSING CONTRACT CANCELLATION FORM FALL 2015/SPRING 2016

CSU ID#:	ROOM ASSIGNM	IENT: MEAL PLAN:	
NAME:		DATE OF BIRTH:	
PERMANENT ADDRESS	S:		
TELEPHONE:			
	CANDANCE OF MOVE BOOMS		
REASON FOR CANCEL If you have take than those listed	en occupancy of your room and	Yes (answer next question) No (skip to signature) wing from CSU Graduating from CSU Military Ser wish to cancel your housing contract for a reason other reviewed by the Contract Review Committee. Please was	her
Contracts. I certify Residence Hall Cont B.3 and Section H of processed that I will Handbook. I also under my Residence Hall Co	Plan Contract for the academent that I understand I will waive ract, except the Deposit Forfeit the Residence Hall Contract. I understand that if, after processing the	, am currently a party to a Residence Horic year of 2015/2016 and I now desire to cancel the my financial liability and responsibility under ure Policy and Contract Breakage Fee as written in Sectenderstand that if the contract cancellation is approved a check-out procedures published in the Residence Horic cancellation form, I re-enroll for 6 or more credit horic will be financially liable for the remaining contract valuation.	ose the tion and Hall urs,
Student Signature	Date	Parent/Guardian Signature (If student is under 18) Date	te
	→FOR OFFICE	E USE ONLY←	
AMOUNT DUE		RELEASED/	
☐ Cancellation processed on Spreadsheet ☐ Room Unassigned/Name removed from Roster ☐ Update Peoplesoft Account ☐ File Folder marked for Cancellation		☐ Application Pulled/Cancelled ☐ Update MRI	