

DEPARTMENT OF RESIDENCE LIFE CONTRACT CANCELLATION FORM

FALL 2019/SPRING 2020

CSU ID#:	BLDG/ROOM:		MEAL PLAN:	
NAME:				
PERMANENT ADDRES	SS:			
TELEPHONE:		EMAIL:		
SEMESTER(S) YOU WI	ISH TO CANCEL: Fall 2019	☐Spring 2020	MOVE OUT DATE:	
HAVE YOU TAKEN OO	CCUPANCY OF YOUR ROOM (i	.e., have you receive	ed the keys to your room)?	
REASON FOR CANCEL	LLATION (check one): No lon	ger attending CSU	☐ Graduating from CSU ☐ Military Service	
	☐ Dropp	ing below 6 hours	☐ Studying abroad in the Spring	
	, your request must be reviewe s form. Please visit the Reside	•	t Review Committee and cannot be or the proper form.	
Residence Hall Contracts cancel those Contracts the Residence Hall Consection 3 of the Reside processed that I will be Handbook. I also under hours, my Residence Handbook.	ct and Meal Plan Contract for . I certify that I understand I was ntract, except the Deposit Forfence Hall Contract. I understant e responsible for following the extract that if, after processing	the academic year will waive my final eiture Policy and ad that if the controlleck-out proceed this cancellation d, and I will be fi	, am currently a party to a r of 2019-2020 and I now desire to ancial liability and responsibility under Contract Breakage Fee as written in ract cancellation is approved and dures published in the Residence Hall form, I re-enroll for 6 or more credit nancially liable for the remaining attract.	
Student Signature	Date		Signature (If student is under 18) Date	
	→FOR OFFI	CE USE ONLY	←	
AMOUNT DUE		RELEAS	ED/	
 □ Cancellation processed on Spreadsheet □ Room Unassigned/Name removed from Roster □ Update Peoplesoft Account □ File Folder marked for Cancellation 		☐ Cancel	☐ Application Pulled/Cancelled ☐ Cancellation processed in LAMS ☐ Update MRI	