



Date student WD from RES: _____

Forfeit \$300 deposit \$50 House Dues \$65 laundry \$250 damage

Refund \$300 deposit \$50 House Dues \$65 laundry \$250 damage

Residence Life Signature _____ Date _____

Residence Withdrawal Form

When you sign the Residence Agreement and accept a residence placement, you are committing to remain in residence for the entirety of the academic year. If you decide to withdraw from residence during the academic year, you will still be financially responsible for residence and meal plan fees. Please see your Residence Agreement for specific details. The date of the withdrawal for the purpose of fee administration will be the date you check out of residence and return your keys, whichever is later.

PLEASE NOTE If you withdraw prior to the end of your signed Residence Agreement (full year, 1st semester, or 2nd semester), you will forfeit your house dues (\$50), laundry fees (\$65), residence application fee (\$300). You must officially check out of your residence room with your Residence Advisor AND apply for your Residence Damage Deposit (\$250). Charges for room damages and/or room cleaning will be deducted from your Damage Deposit.

Full Year	
If you leave residence in...	You will be responsible financially for ...
September	40% of the full year cost
October	50% of the full year cost
November	60% of the full year cost
December	70% of the full year cost
January	80% of the full year cost
February	90% of the full year cost
March	100% of the full year cost
April	100% of the full year cost

1st Semester (only)	
If you leave residence in...	You will be responsible financially for ...
September	50% of 1st semester cost
October	75% of 1st semester cost
November	75% of 1st semester cost
December	100% of 1st semester cost
2nd Semester (only)	
January	50% of 2nd semester cost
February	75% of 2nd semester cost
March	75% of 2nd semester cost
April	100% of 2nd semester cost

PLEASE PRINT and COMPLETE IN FULL

Last Name, First		Student Number	Residence / Room Number:
Permanent Address: <i>please include Street, City/Town, Province/State and Postal/Zip Code</i>			
Telephone: (____) _____ - _____		Email:	
Who did you contact for support and assistance with your needs?			
<input type="checkbox"/> Withdrawing from Residence <i>Reason for Withdrawal:</i> <input type="checkbox"/> Academic <input type="checkbox"/> Academic Dismissal <input type="checkbox"/> Health or Physical <input type="checkbox"/> Financial <input type="checkbox"/> Moving off campus <input type="checkbox"/> Transferring to _____ <input type="checkbox"/> Other: _____		<input type="checkbox"/> Withdrawing from Residence and University	
Student's Signature		Date	