**SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE**
**UNIVERSITY HOUSING**
**Request for Cancellation of Single Student Housing Contract**

_____ _____ ____ _____
Last Name First Name MI SIUE ID Number

_____ _____ _____
Home and/or Cell Phone Number Room & Stop# (BH/EH/PH/WH - CIRCLE ONE) Cougar Village Apartment #

I request to cancel my housing contract effective on _____/_____/_____ (the date you will vacate your living unit)

| | | **During Fall term ...** | | **During Spring term...** |
|---|---|---|---|---|
| **Check one** | **Approved Reasons for Cancellation** | **Cancellation fee <u>before</u> December 1st** | **Cancellation fee <u>after</u> December 1st** | **After 1st day of Spring term** |
| ☐ | Graduation at end of fall term | no fee + full charge | $300.00 + full charge | N/A |
| ☐ | Marriage (*Certificate Required*) | $250.00 + proration* | $300.00 + full charge | $250.00 + proration** |
| ☐ | Counseling Considerations (*Doctor/Therapist's statement & University Counseling Services verification may be required*) | $250.00 + proration* | $300.00 + full charge | $250.00 + proration** |
| ☐ | Serious Illness (*Doctor's statement & University Physician Verification required*) | $250.00 + proration* | $300.00 + full charge | $250.00 + proration** |
| ☐ | Death in immediate family (*Documentation Required*) | $250.00 + proration* | $300.00 + full charge | $250.00 + proration** |
| ☐ | Active military induction (*Copy of orders required*) | $250.00 + proration* | $300.00 + full charge | $250.00 + proration** |
| ☐ | Withdrawal from SIUE for remainder of contract period | $250.00 + proration* | $300.00 + full charge | $250.00 + proration** |
| ☐ | Academic Suspension *(Copy of Suspension letter within two weeks of date of letter is required)* | $75.00 through 2nd week of term, $250.00 3rd week and after + proration | | |
| ☐ | Business Exchange, Study Abroad, Co-op Programs at the end of fall term *(with documentation from respective programs and completion of **additional** cancellation form)* | no fee + full charge | $300.00 + full charge | N/A |

* Prorated room charge only applies to residents who <u>move out before Dec 1st</u> of fall term, after Dec 1st full semester charge
** Prorated room charge only applies to residents who <u>move out by end of 15th week</u> of spring term, otherwise full semester charge

**NOTE**: • **All charges are posted to Student's Bursar's Account**
• **Adjustments and/or charges will not be made until completed check-out record is received by Central Housing Office**

**I understand that this request will not be approved without required documentation.** Date of receipt of required documentation by the Central Housing Office will determine the actual cancellation date.

I understand I must make a check-out appointment with my Resident Assistant 24 hours in advance of vacating my living unit. Failure to make or keep the check-out appointment will result in additional charges.

I understand payment must be made according to Terms and Conditions **(see reverse side for Terms and Conditions).**

_____ _____
Signature of Resident Date

********** *Office use only* **********

Effective Date: _____ Received:

☐ Approved

☐ Approved Pending: _____

☐ Denied

_____

_____ _____
Associate Director of Housing Date