SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE
UNIVERSITY HOUSING

Request for Cancellation of Contract
Family Housing

Last Name First Name MI

(CIRCLE ONE) FURNISHED or UNFURNISHED _____ Cougar Village Apartment Address

Phone No. _____ e-mail Address _____

Social Security No. _____

I would like to cancel my housing contract effective on (This is the date that you will ACTUALLY MOVE OUT of your apartment) _____, 20_____.

Reason for cancellation (If you are canceling because of **academic suspension**, you **MUST** vacate your apartment **5 days from today's date.** The 30-day notice does not apply to you):

_____

- I understand this request must be submitted and approved at least thirty (30) days in advance of vacating.
- I understand I will pay rent for the thirty-day period following receipt of this form by University Housing or to the indicated date of cancellation, WHICHEVER IS LATER.
- I understand I must make a check-out appointment with my Resident Assistant (RA) 24 hours in advance. Failure to make or keep the appointment will result in additional charges.
- I understand changes or delays of check-out date is not permitted because unit may have been assigned to an incoming resident. I also understand that failure to vacate on or before the stated date may result in penalties as stated in the Family Student Terms and Conditions Section III.

Signature of Resident Today's Date

FOR OFFICE USE ONLY

Rent will be paid through: _____, 20_____

Resident must check-out by: _____, 20_____

University Housing Acceptance Today's Date