

**SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE
UNIVERSITY HOUSING**

Single Student Resident Request for Cancellation of Current Student Housing Contract

Last Name First Name MI 800
SIUE ID Number

Home and/or Cell Phone # SIUE Email address

I wish to cancel my housing contract for (check one): ☐ Fall ☐ Spring ☐ May Term ☐ Summer 20____

I will vacate my living unit on ____/____/____. This is the effective end date of your contract.

Cancellation Requests with no Additional Documentation Required

Check One	Reason for Cancellation	Cancellation fee after August 1 and prior to start of fall term	Cancellation fee before December 1**	Cancellation fee after December 1**	Cancellation fee after 1 st day of spring term, May term, or summer term (whatever applicable term)**
<input type="checkbox"/>	Graduation at end of fall term	N/A	No fee + full charge	\$300 + full charge	N/A
<input type="checkbox"/>	Withdrawal from SIUE for remainder of contract period	Forfeit \$275 advance payment	\$250 + proration	\$300 + full charge	\$250 + proration
<input type="checkbox"/>	Academic Suspension	N/A	\$75.00 through 2 nd week of term, \$250.00 3 rd week and after + proration		

Cancellation requests listed below will not be reviewed without required documentation. Date of receipt of required documentation by the Central Housing Office will determine the actual cancellation date. *All medical accommodation requests and required documentation must be submitted to A.C.C.E.S.S. for review and consideration. A.C.C.E.S.S. will submit a recommendation to Housing based on their evaluation.

Cancellation Requests Requiring Additional Documentation

Check One	Reason for Cancellation	Cancellation fee after August 1 and prior to start of fall term	Cancellation fee before December 1**	Cancellation fee after December 1**	Cancellation fee after 1 st day of spring term, May term, or summer term (whatever applicable term)**
<input type="checkbox"/>	Medical accommodation*	Forfeit \$275 advance payment	\$250 + proration	\$300 + full charge	\$250 + proration
<input type="checkbox"/>	Death in immediate family (documentation required)	Forfeit \$275 advance payment	\$250 + proration	\$300 + full charge	\$250 + proration
<input type="checkbox"/>	Active military commitment (copy of orders required)	Forfeit \$275 advance payment	\$250 + proration	\$300 + full charge	\$250 + proration
<input type="checkbox"/>	Marriage (marriage certificate required)	Forfeit \$275 advance payment	\$250 + proration	\$300 + full charge	\$250 + proration
<input type="checkbox"/>	Business Exchange, Study Abroad, Co-op programs at the end of the fall term (Additional form and program documentation required)	N/A	No fee + full charge	\$300 + full charge	N/A

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 I must check out and return my keys to properly check out. Failure to check out and return my keys will result in additional charges. 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 ☐ Denied ☐ Approved Pending _____

Associate Director of Housing

Date Processed

SIUE University Housing Exit Survey

Please take a few moments to complete this survey about quality of life in University Housing. All responses are confidential and the information will be used to improve facilities and services for current and future residents of University Housing. Your opinions are important to us!

1. What is your reason for requesting cancellation of your University Housing contract? Mark one.

- ☐ Graduation ☐ Withdrawal ☐ Marriage
- ☐ Academic suspension ☐ Medical accommodation ☐ Death in the immediate family
- ☐ Active military commitment ☐ Business Exchange, Study Abroad, Co-op programs at the end of the fall term
- ☐ Transferring to another institution: Which one? _____

2. Please make any other comments you find appropriate about your reason(s) for canceling your contract:

3. Would you recommend living in University Housing to an incoming new student?

- ☐ Yes ☐ No

4. If yes, why would you recommend University Housing? Check all that apply.

- ☐ Quality of facilities ☐ Amenities ☐ Meal plan ☐ Proximity to campus
- ☐ Safety and security ☐ Housing staff ☐ Roommate ☐ Leadership opportunities
- ☐ Affordability ☐ Community/easier to meet people ☐ Other _____

If you selected *withdrawal or transferring to another institution* as your reason for canceling, please complete the rest of the survey.

5. Why are you withdrawing or transferring to another institution? Please check all that apply.

- ☐ Finances (cost, lack of financial aid) ☐ Dissatisfied with Housing
- ☐ Dissatisfied with SIUE ☐ Degree of study not offered at SIUE
- ☐ Unable to register for required classes ☐ Unable to make academic progress
- ☐ Not Applicable

6. Please rate your overall experience living on-campus in University Housing.

- ☐ Very satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very dissatisfied

7. If dissatisfied with University Housing, please select why (check all that apply).

- ☐ Student staff ☐ Community programming ☐ Safety and security ☐ Overall satisfied with experience
- ☐ Sense of community ☐ Meal plan ☐ Cost ☐ Roommate relationship
- ☐ Dining Services ☐ Room assignment/Space change process
- ☐ Hall/Apartment environment (privacy, noise level, sleep, etc.)
- ☐ Quality of facility (cleanliness, timeliness of repairs, temperature control, etc.)
- ☐ Services/Amenities provided (utilities, wireless internet, laundry facilities, etc.)
- ☐ Other _____

Please continue survey on back.

8. Why did you originally choose to live in University Housing (check all that apply)?

- | | | |
|--|---|--|
| <input type="checkbox"/> Quality of facilities | <input type="checkbox"/> Amenities | <input type="checkbox"/> Proximity to campus |
| <input type="checkbox"/> Safety and security | <input type="checkbox"/> Housing staff | <input type="checkbox"/> Leadership opportunities |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Parents/family influence | <input type="checkbox"/> Community/easier to meet people |
| <input type="checkbox"/> Meal plan | <input type="checkbox"/> Roommate | <input type="checkbox"/> Other _____ |

9. At what point did you make the decision to cancel your contract?

- | | | |
|--|--|--|
| <input type="checkbox"/> Before I moved in | <input type="checkbox"/> On the first day I moved in | <input type="checkbox"/> First month of classes |
| <input type="checkbox"/> Second month of classes | <input type="checkbox"/> 1 st semester of classes | <input type="checkbox"/> 2 nd semester of classes |
| <input type="checkbox"/> Other _____ | | |

10. What option best describes where you are moving now?

- | | | |
|--|---|---|
| <input type="checkbox"/> With parents/guardian | <input type="checkbox"/> On-campus at another institution | <input type="checkbox"/> Off-campus apartment/house |
|--|---|---|

11. Demographic Information

Current Classification

- | | | | | | |
|-----------------------------------|------------------------------------|---------------------------------|---------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Freshman | <input type="checkbox"/> Sophomore | <input type="checkbox"/> Junior | <input type="checkbox"/> Senior | <input type="checkbox"/> Graduate | <input type="checkbox"/> Other _____ |
|-----------------------------------|------------------------------------|---------------------------------|---------------------------------|-----------------------------------|--------------------------------------|

Gender:

- | | | |
|---------------------------------|-------------------------------|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> Transgender/Self-Identify |
|---------------------------------|-------------------------------|--|

Race:

- | |
|--|
| <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> White |

Current place of residence:

- | | | |
|---|--|---|
| <input type="checkbox"/> Cougar Village | <input type="checkbox"/> Cougar Village Family | <input type="checkbox"/> Evergreen Hall |
| <input type="checkbox"/> Prairie Hall | <input type="checkbox"/> Woodland Hall | <input type="checkbox"/> Bluff Hall |

How many semesters have you lived in University Housing? _____

Please return survey to office staff as soon as it is completed or mail to: University Housing, Campus Box 1056, Edwardsville, IL 62026-1056. Thank you for your assistance.