SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE
UNIVERSITY HOUSING

Single Student Resident Request for Cancellation of Current Student Housing Contract

Last Name ___________________________ First Name ___________________________ MI ___________ SIUE ID Number 800_________________________

___________________________ ___________________________________
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

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

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

<table>
<thead>
<tr>
<th>Check One</th>
<th>Reason for Cancellation</th>
<th>Cancellation fee after August 1 and prior to start of fall term</th>
<th>Cancellation fee before December 1**</th>
<th>Cancellation fee after December 1**</th>
<th>Cancellation fee after 1st day of spring term, May term, or summer term (whatever applicable term)**</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Medical accommodation*</td>
<td>Forfeit $275 advance payment</td>
<td>$250 + proration</td>
<td>$300 + full charge</td>
<td>$250 + proration</td>
</tr>
<tr>
<td>☐</td>
<td>Death in immediate family (documentation required)</td>
<td>Forfeit $275 advance payment</td>
<td>$250 + proration</td>
<td>$300 + full charge</td>
<td>$250 + proration</td>
</tr>
<tr>
<td>☐</td>
<td>Active military duty 30+ days (copy of orders req.)</td>
<td>N/A</td>
<td>No Fee + Proration</td>
<td>No Fee + full charge</td>
<td>No Fee + proration</td>
</tr>
<tr>
<td>☐</td>
<td>Marriage (marriage certificate required)</td>
<td>Forfeit $275 advance payment</td>
<td>$250 + proration</td>
<td>$300 + full charge</td>
<td>$250 + proration</td>
</tr>
<tr>
<td>☐</td>
<td>Business Exchange, Study Abroad, Co-op programs at the end of the fall term (Additional form and program documentation required)</td>
<td>N/A</td>
<td>No fee + full charge</td>
<td>$300 + full charge</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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 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)?

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

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

☐ Before I moved in  ☐ On the first day I moved in  ☐ First month of classes
☐ Second month of classes  ☐ 1st semester of classes  ☐ 2nd semester of classes
☐ Other ________________________________

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

☐ With parents/guardian  ☐ On-campus at another institution  ☐ Off-campus apartment/house

11. Demographic Information

Current Classification

☐ Freshman  ☐ Sophomore  ☐ Junior  ☐ Senior  ☐ Graduate  ☐ Other ________________________________

Gender:

☐ Female  ☐ Male  ☐ Transgender/Self-Identify

Race:

☐ Hispanic or Latino
☐ Asian
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or other Pacific Islander
☐ White

Current place of residence:

☐ Cougar Village  ☐ Cougar Village Family  ☐ Evergreen Hall
☐ Prairie Hall  ☐ Woodland Hall  ☐ 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.