

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

_____ 800 _____
 First Name Last Name MI SIUE ID Number

_____ _____
 Home and/or Cell Phone # SIUE Email address

I request to cancel my housing contract for (check all that apply):

Check all that apply	Term(s)
<input type="checkbox"/>	Fall/Spring 20__
<input type="checkbox"/>	Spring 20__
<input type="checkbox"/>	May term __
<input type="checkbox"/>	Summer __

Fall/Spring Cancellations

- *must be received by May 1 for a refund of \$275*
- *cancellations received after May 1 will forfeit \$300*

Spring Cancellations

- *must be received by December 1 for a refund of \$275*
- *cancellations received after December 1 will forfeit \$300*

May term and Summer Cancellations

- *must be received by May 1 for a refund of \$275*
- *cancellations received after May 1 will forfeit \$300*

_____ _____
 Signature of Resident Date

*****Office Use Only*****

Received: