



Request to TERMINATE Housing License & Application

Requestor (Student) Information

Name: _____ Gender: Age: DOB: _____

Student Id#: F _____ Class [] Fr. [] So. O Jr. O Sr. O Gr.

Residence Hall: Room #: Cell Phone: (_____) _____

Email Address: @fredonia.edu Home Phone: (_____) _____

Number of semesters on campus: Entered: • Fall • Spring As a: Freshman O Transfer

If approved, you will be required to remove all belongings, have your room inspected, and officially check out. Return your keys to the front desk and leave a forwarding address before signing out. Fee refunds are typically processed in 6 to 8 weeks by the Student Accounts Office. Please refer to the *Student Handbook* and *On-Campus Guide* to see an explanation of the refund schedule. The \$350 termination fee will be applied to your bill.

REASON FOR REQUEST (Please check all that apply. Documentation independent of your narrative is required for *asterisked items.)

O Transferring* O Studying Abroad • Commuting from Home* O Financial* O Student Teaching
 Withdrawing * Marriage* [Graduating O Personal O Other _____

If approved, I would like to move out of the hall by _____
Date

- Attach supporting documentation to this form and return to the Office of Residence Life, Gregory Hall
- You will receive a response to your request with a brief explanation of the decision. Unless you receive approval of this request, your student status requires compliance with the housing policy.
- Alternative arrangements for housing, including lease commitment, will not be considered sufficient grounds for approval of this request.
- As outlined in the housing license and application, there will be a \$350 termination fee for all approved requests.

Student Signature: _____ Date: _____

Intended off-campus address: If approved, please change your local address via *YourConnection*.

Parent or Guardian Information (must be completed if requestor is a first or second year student)

I concur with my student's decision to request the permission of the Director of Residence Life to terminate the housing license. I also understand that there is a \$350 termination assessment for all approved requests.

Print Name: _____ Signature: _____ Date: _____

Permanent Address: _____
Number & Street City & State Zip Code

OFFICE USE ONLY

Termination Request DENIED APPROVED

Student must be completely moved out of their room and checked out by this date: _____

Signature of Director of Residence Life _____ Date _____