Request to TERMINATE
Housing License & Application

FREDONIA
STATE UNIVERSITY OF NEW YORK

Requestor (Student) Information

Name: _____   Gender: _____ Age: _____ DOB: _____

Student Id#: _F_____   Class ☐ Fr. ☐ So. ☐ Jr. ☐ Sr. ☐ Gr.

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

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

Number of semesters on campus: _____   Entered: ☐ Fall ☐ Spring As a: ☐ Freshman ☐ 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.)

☐ Transferring*   ☐ Studying Abroad   ☐ Commuting from Home*   ☐ Financial*   ☐ Student Teaching
☐ Withdrawing *   ☐ Marriage*   ☐ Graduating   ☐ Personal   ☐ 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 _____