

University of Detroit Mercy
Office of Residence Life
Room Cancellation/Termination Form

Please print clearly

Name _____ **Student ID** _____

Address _____

City, State, Country Zip _____

Room Cancellation - Before deadline Contract Termination - After deadline

Building _____ **Room Number** _____

Phone Number _____ **Double** _____ **Single** _____

I wish to be released from my Residence Hall Room Agreement for:

Academic terms _____ **Year (of room agreement)** _____

Please indicate reason for cancellation/termination _____

It is the student's responsibility to obtain in writing all required documentation to process request. Charges may be waived for the following reasons:

- Graduation (letter from Registrar's office required)
- Complete withdrawal from the University (documentation from Registrar required)
- Marriage (license required)
- Medical reasons as verified by the University (documentation by Doctor)
- Co-op Assignment/Study Abroad at least 25 miles from the UDM McNichols campus as verified by the University including Exchange Programs

All conditions above are stated on the back of the University of Detroit Mercy Residence Hall Application. By signing an application you indicated that you understood these terms and are bound to these terms.

By signing this form, I agree to the above conditions, including any changes that are indicated

Student Signature _____ **Date** _____

Staff Signature _____ **Date** _____

For Office Use only (Please Do Not Mark This Box)

____ No charge due to cancellation before deadline
____ \$350.00 charge after cancellation deadline
____ \$350.00 plus room charges for the date the key is picked up to the day all personal items are removed from the Room
____ No cancellation charges assessed due to waiver see below for waiver restrictions (prorated room charges will apply if key was picked up.)
____ Denied

Office Use Only: Date Removed from APECS ___/___/___ Amount Charged _____

Charges sent to SAO Put in Database Changed on Floor Chart Notified: Controllers Date ___/___/___

Dining Services Date ___/___/___