

**Delta State University
Department of Housing & Residence Life**

Residence Hall Contract Cancellation Request Form

The Department of Housing & Residence Life will review this request. Do not assume your request will be approved unless you choose the Option B. Vacating your space does not constitute release from your contractual obligations. You will be responsible for payment of housing fees and meal plan fees for the term of your contract, without proper cancellation approval. You will be notified via okramail when your request has been processed.

Please choose one of the options listed below. This Request Form must be submitted to the Department of Housing & Residence Life by December 15 at 5 p.m.

Option A _____ I request that my Residence Hall Contract for the _____ academic year be cancelled at the end of the fall semester without penalty for the following reason (will be verified by the Department of Housing & Residence Life):

- Graduation (will be confirmed by the Registrar's Office ten business days post commencement.)
- Withdrawal from the University (Cancellation charge will be posted to student account and removed two business days after the last day to add course in the spring semester.)
- Transferring to Another Institution (Attach a copy of Your Acceptance Letter and Reason for Transfer)
- Ineligible to continue enrollment due to failure to meet academic requirements (Will be confirmed by Academic Affairs.)
- Study Abroad Program – Country _____
- Failure to enroll for the spring semester. (Cancellation charge will be posted to student account, if not enrolled, the charge will be removed two business days after the last day to add a course in the spring semester.)
- Participation during spring semester in anything required by the university that takes the student away from the main campus for an extended period of time. (Documentation is required from DSU supervising faculty member.)
- Extreme Medical Problems* (Doctor's statement required.)
- Change in Family Status* (marriage, child, etc. documentation required)

Option B _____ I am requesting that my Residence Hall Contract for the _____ academic year be cancelled for the spring semester and agree to pay the cancellation charge of 50% of one semester's room fee. I understand the cancellation charge will be added to my student account on my spring semester bill.

Student Signature _____

Print Name _____ **Classification** Fr So Jr Sr Gr

Date _____ **DSU ID Number** _____ **900** _____

Okramail _____ @okramail.deltastate.edu

Current Cell Phone # _____ **Current Room Assignment** _____

Office Use Only: _____ **Approved** _____ **Denied** **Amount Charged** _____

Notes: _____

