

WESTERN CAROLINA UNIVERSITY  
DEPARTMENT OF RESIDENTIAL LIVING

## Housing Cancellation Form

Name \_\_\_\_\_ ID# \_\_\_\_\_

Residence Hall \_\_\_\_\_ Room # \_\_\_\_\_

Suite Box # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Classification FR \_\_\_\_\_ SO \_\_\_\_\_ JR \_\_\_\_\_ SR \_\_\_\_\_ GRAD \_\_\_\_\_  
(Freshman and Sophomore students please see University Policy 96 on the University's website for residence requirement information)

Date moving out of hall \_\_\_\_\_

Cancellation is for Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_  
(year) (year) (year)

Reason for leaving residence hall (Check one):

\_\_\_\_\_ Graduation

\_\_\_\_\_ Medical reason (A physician must certify the medical reasons or injury that necessitates a student's need to live off campus or withdraw from the university. Western Carolina University can provide on-campus housing that meets most medical needs. If the University can provide accommodations that meet the documented medical needs, the Residence Hall Agreement will not be cancelled. Requests for residing off campus due to allergies/asthma are typically not approved)

\_\_\_\_\_ Marriage (Please attach a copy of the marriage certificate.)

\_\_\_\_\_ Academic or disciplinary dismissal\* from the university. Students who are removed from the residence halls for a violation of the Code of Student Conduct, but remain enrolled in the university will be billed an early termination charge. Students who are subject to the residency requirement will be required to pay the room rate and meal plan fees for any remaining terms needed to satisfy the residency requirement.

\_\_\_\_\_ Participation in a WCU educational program, outside of Jackson County, that requires living off campus while attending three hours of class per week or less on the Cullowhee campus.

\_\_\_\_\_ Official withdrawal from the University.

\_\_\_\_\_ Dependent children (Please attach a copy of the certificate of birth, adoption, or other custody paperwork).

\_\_\_\_\_ Military: Called to active duty. (Please attach a copy of the deployment papers).

\_\_\_\_\_ Moving off campus\* Do you wish to cancel your meal plan? (circle one) YES NO

\_\_\_\_\_ Other\*(please explain): \_\_\_\_\_

\*Subject to the contract cancellation charge.

**All students moving out of the residence halls must properly check out with a Resident Assistant and return all keys. Failure to do so will result in an improper checkout charges and possibly other charges. Students who cancel their contract after June 1 for reasons that are not listed above are subject to a contract cancellation charge.**

**For Office Use Only**

RCR: \_\_\_\_\_ CA HSG/MP: \_\_\_\_\_

Cancellation Charge: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_