



Department of Housing and Residence Life

Cancellation Request Form

Accepted by: _____ Date: _____

STUDENT INFO	Name: _____	Bldg & Room: _____
	PID: _____	UCF P.O. Box: _____
	Contact Phone #: _____	E-mail Address: _____
	Permanent mailing address: _____	
	Street	City State Zip

REQUEST & SIGNATURE	1) For the semester(s) of:	<input type="checkbox"/> Fall 2007	<input type="checkbox"/> Spring 2008	<input type="checkbox"/> Summer 2008
		<input type="checkbox"/> Fall 2008	<input type="checkbox"/> Spring 2009	<input type="checkbox"/> Summer 2009
		<input type="checkbox"/> Fall 2009	<input type="checkbox"/> Spring 2010	<input type="checkbox"/> Summer 2010
	2.) Reason(s):	<input type="checkbox"/> Not attending UCF	<input type="checkbox"/> Move to Greek housing	<input type="checkbox"/> Medical W/D from UCF
		<input type="checkbox"/> Personal	<input type="checkbox"/> Move to Affiliated housing	<input type="checkbox"/> Graduating
	<input type="checkbox"/> Financial	<input type="checkbox"/> Move off-campus	<input type="checkbox"/> Other _____	
In accordance with my housing agreement, I understand there may be a cancellation charge billed to my account or deducted from any prepayment for which I have been credited.				
Student's signature: _____		Date: _____		

HOUSING APPROVAL	Approved:	Agreement Type:	Cancellation Fee:	Date Keys Returned:
	<input type="checkbox"/> Yes	<input type="checkbox"/> Academic	Fall: _____	Room: _____
	<input type="checkbox"/> No	<input type="checkbox"/> Towers @ GKP	Spring: _____	Mailbox: _____
		<input type="checkbox"/> Rosen	Summer: _____	
	Comments: <u>Cancellation fees are assessed in accordance with the terms and conditions of your housing agreement. All payments made will be applied to outstanding housing account balances first. If a credit balance exists after housing account balances have been satisfied, the student shall receive a refund for the overpaid amount.</u>			
Pending: <input type="checkbox"/> Graduation: <input type="checkbox"/> Approved Medical W/D				
<input type="checkbox"/> Enrollment: <input type="checkbox"/> Other: _____				
Director / Associate Director / Coordinator				Date

ACCOUNTING	Term	FA	SP	SU	Term	FA	SP	SU	Refund Amt	
	RMS Can				Cancel Chg	\$	\$	\$	Refund #	
	Bill Rate	\$	\$	\$	Outstanding	\$	\$	\$	Date	
	Bill Adj	(\$)	(\$)	(\$)	Payments	(\$)	(\$)	(\$)	Initials	
	Date				Amount Due	\$	\$	\$		
	Initials				Initials					