

**TENNESSEE STATE UNIVERSITY
HOUSING LICENSE AGREEMENT CANCELLATION FORM**

Name of Applicant: _____ T# _____
(Print Last Name, Print First Name)

TSU Mailbox Number: _____ Campus Email: _____

Assigned Residence Hall or Apartment: _____ Room # _____

Students should check their campus post office boxes and email regularly since most university correspondence to students is sent through campus mail and email. Students are responsible for appropriately responding to university related instructions delivered through campus mail and email.

I request cancellation of my TSU Housing License Agreement to become effective:

Term and Year: _____, Effective Date: _____; for the following reason: (Please check only one)

Graduation Withdrawal Academic Internship Transferring

Other (explain) _____

All information on this form is true and complete to my knowledge. I understand that falsification of information can lead to my petition being denied. I understand that this is only a request and needs to be approved in writing if I am to be financially released from my License Agreement. This form must be filled out completely for consideration, or it will be returned to the student.

Signature of Student

Date

**NOTE: Return of fees is bases upon the University's Refund Policy; as follows (including weekends):
100% before the first day of classes;**

- **75% beginning the first day of classes through the fourteenth day;**
- **25% beginning the fifteenth (15th) day of classes through 25% of the term;**
- **0% after the 25% refund period.**

FOR RESIDENCE FACILITY DIRECTOR

The above named student: Did not Check-In; or Check-in Date: _____ Check-out Date: _____

Room Key Returned: Yes No (Relevant charges apply)

Signature of Residence Facility Director

Date

Based upon the check in/out dates, the student is eligible for a _____% refund of Room & Board fees, amounting to _____. **Please note that the amount refunded may be applied to any previous balance the student owes the University.**

FOR RESIDENCE LIFE OFFICE USE ONLY

Date Housing Cancellation processed ____/____/____, by _____

Amount of room fees refunded: _____ Amount of board fees refunded: _____