

H	JUSING LICEN	SE AGREEMENT CANCELL	ATION FORM			
All room assignmen	ts are contracted for	r the academic year and are subject	to change. Cancellation fees apply.			
Name of Applicant:		T#				
	(Print Last Name,	Print First Name)				
Major:		Classification:				
TSU Mailbox Number:	Car	npus (MYTSU) Email:				
Assigned Residence H	lall or Apartment	t:	Room #			
correspondence to stu appropriately respondi	udents is sent the ng to university	nrough campus mail and em	ail regularly since most university nail. Students are responsible fo through campus mail and email. come effective:			
Term and Year: reason: (Please check		, Effective Date:	; for the following			
] Withdrawal	Academic Internship	□Transferring			
\Box Other (explain)						
I	REQUEST FOR E	XCEPTION TO THE TERMS FO	OR RELEASE			
Requests for releas	e in the special	exception categories ALL req	uire additional documentation.			

PROVIDING NO ADDITIONAL DOCUMENTATION, MEANS NO CONSIDERATION.

Extenuating Health Concerns. These health concerns must apply exclusively to the student EXCEPT where the family member is part of our Family Housing Unit. A letter from a registered primary physician attending that condition must accompany this request verifying a change in medical condition, which requires that the student move off campus. Your independent physician may document claims of medical conditions; however, our school physician must validate changes in condition.

<u>Financial Hardship.</u> Evidence of a significant change in financial situation from the time the Housing License Agreement was signed until the present date must accompany this request. In addition, if the student is planning to move home, a letter from the parent/guardian confirming that the student will be living in their home is also required along with proof of residence location. Commuting distance is subject to review.

Other. (Please attach supporting documentation and written explanation, if appropriate.)

1. There is a \$100.00 non-refundable prepayment required of all students who apply for University Housing. All fees are subject to change without notice. Tennessee State University and the Tennessee Board of Regents reserves the right to charge rates listed here-in or to add new fees whenever such increase or additions are necessary.

2.	The application	prepayment	is paid	once a	year to	reserve a	an on-campus	housing a	space for	the
upcoming academic year. This \$100.00 prepayment is deducted from the housing fees for the Fall										

Semester or whichever term is applicable. The summer (supplemental) term is not inclusive of the academic year.

3. Students who request to cancel their housing agreement are subject to the following Cancellation Fees based on the following dates Fall/Spring Term:

NOTE: Return of fees is bases upon the University's Refund Policy; as follows (including weekends): 100% before the first day of classes at the start of the academic year or spring semester if for spring only

- 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
- 4. Students who request to cancel their housing agreement for the summer term are subject to pro-rated housing (and meals if applicable) fees at a daily rate for the number of days in which they occupy the room.

Current Students Cancelling University Housing should do the following:

- Complete a Housing License Agreement Cancellation Form at the respective housing facility. The form must be completed and signed by the Resident Facility Director.
- Follow the check-out procedure. Return the room key and FOB to their Residence Director.
- Refund dates set by Bursar's Office will apply.

Prospective Residents who have been assigned housing that have not checked-in should do the following:

- Complete a Housing License Agreement Cancellation Form at the Office of Residence Life located in Floyd-Payne Campus Center Suite 310.
- Refund dates set by Bursar's Office will apply.

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					
FOR RESIDENCE FACILITY DIRECTOR						
The above named student: \Box Did not Check-In; or Check-in Date:	Check-out Date:					
Room Key Returned: TYes INO (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	of board fees refunded:					

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