HOUSING LICENSE AGREEMENT CANCELLATION FORM

All room assignments are contracted for 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: ___________ Campus (MYTSU) 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) ____________________________________________

REQUEST FOR EXCEPTION TO THE TERMS FOR RELEASE

Requests for release in the special exception categories ALL require 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.

_____ Financial Hardship. 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 an on-campus housing 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 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: ☐ 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: _______________