



Housing and Residential Life

Residence Hall and Apartment Contract/Lease Cancellation Request Form

Please submit this form to the Office of Housing and Residential Life in room 598 of the Student Center for consideration. You will be notified regarding your decision in writing. Prior to completing this form, you must read the Terms and Conditions of Cancellation in your contract/lease agreement.

Name: _____ WSU Access ID: _____

Nine Digit Banner ID: _____ Building: _____ Room Number: _____

Mailing address for response (if different than current housing assignment):

Street address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Country: _____

Request for effective date of cancellation: _____ (month) _____ (date) _____ (year)

*Please note that the Office of Housing and Residence Life has the ability to change this date if the cancellation request is approved. The date of cancellation will determine the date that you must remove all of your belongings and return your keys to the front desk.

Please check where you would like your response letter to be sent:

- Permanent home address
- Current residence hall or apartment address
- WSU Email

Select the option below which applies to you:

Residence Hall reason for cancellation request: (Please select an option below if requesting a residence hall contract cancellation)

- No longer attending Wayne State University: Housing will verify withdrawal from all classes
- Medical Reasons: Please provide the Medical/Psychological Documentation from your doctor

Apartment reason for cancellation request: (Please select an option below if requesting an apartment lease cancellation)

- No longer attending Wayne State University: Housing will verify withdrawal from all classes

Independent Meal Plan reason for cancellation request: (Select an option if you are a commuter with an independent meal plan)

- No longer attending Wayne State University: Housing will verify withdrawal from all classes
- Medical Reasons: Please provide the Medical/Psychological Documentation from your doctor

Please describe your reasoning of your request to cancel. Be specific on what circumstances have changed since you signed your contract and now when requesting to cancel that is limited you in fulfilling your lease or contract. (attach additional pages if necessary)

My signature below indicates my concession for the Office of Housing and Residential Life to obtain information from other resources that may include personal information.

Student signature: _____ Date: _____