



Housing and Residential Life

Unfurnished Apartment License Cancellation Request Form

Please submit this form to the Office of Housing and Residential Life in room 582 of the Student Center Building, by fax to 313-577-6644, or by email to housing@wayne.edu. You will be notified regarding your decision in writing to your Wayne State e-mail address. **Prior to completing this form please read the cancellation policy on the back of this form.** If approved for cancellation, your license agreement will be cancelled as well as your mean plan, if applicable.

Name: _____

Building: _____ Room Number: _____

Wayne State E-Mail Address: _____ 9-Digit Banner ID: _____

Requested move out date: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Your roommate will be responsible for your portion of the rent beginning the first of the month after you have moved out. It is your responsibility to inform your roommate(s) that you are requesting to cancel your housing. Have you notified your roommate(s) that you are requesting to cancel your housing? (Please circle your answer) YES NO

Reason for cancellation request: (Please select an option below by clicking the appropriate checkbox)

- June 30th cancellation deadline
- It is less than 14 calendar days from the day I signed my online license agreement
- I have graduated from Wayne State University
- I am no longer enrolled at Wayne State University (Housing will verify that you are no longer taking classes)
- I am participating in a student teaching assignment that is farther than 40 miles from WSU's Detroit campus
(Please provide written documentation from your department along with this form)
- I am participating in an out of state or out of country internship, co-op or study abroad program
(Please provide written documentation along with this form)
- Medical condition of the student only developed after signing the license agreement.
(Please use online forms to provide written documentation from your doctor)
- I would like to remove my name from a waitlist.

Please describe why you are requesting to cancel. Be specific about what circumstances have **changed** since you signed your license agreement and now, that are limiting you in fulfilling your license agreement. Attach additional pages if necessary.

Overall reasoning for request is:

What has changed:

CANCELLATIONS:

- A. I understand that I do **not** have the right to cancel my license agreement unless I meet one of the following reasons:
- a. I can cancel for any reason up until June 30, 2017.
 - b. I can cancel for any reason within 14 calendar days from the day I signed my license agreement. I understand that after I have checked in and picked up my key to my apartment that the 14-day cancellation period no longer applies.
 - c. I can cancel if I graduate or I am no longer an enrolled student at the University. (Please note that enrollment in online courses or satellite campus courses count as being an enrolled student.)
 - d. I can cancel if I participate in a student teaching assignment that is further than 40 miles from WSU's Detroit campus.
 - e. I can cancel if I participate in an out-of-state or out-of-country internship, co-op, or study abroad program.
 - f. I can cancel if my medical documentation proves I developed a medical condition after signing my license agreement that campus housing cannot accommodate and prohibits living on campus. (Please note that the medical condition must be the student's and not a family member or a friend.)
 - g. I can cancel if I am removing my name from a waitlist. (Please note that this only applies if the Office of Housing & Residential Life is unable to provide you with an assignment prior to the submission of this form.)
- B. I understand that, if I am permitted to cancel my Unfurnished Apartment License Agreement for any reason, I will forfeit the entire \$200.00 security deposit, if applicable.**
- C. I understand that, if I am permitted to cancel my Unfurnished Apartment License Agreement for any reason, I will forfeit the entire \$125.00 non-refundable application fee, if applicable.**
- D. I understand that if I am approved for cancellation because I am no longer a registered student, and I reenroll at the university within the same academic year, my license agreement will be reinstated and I will be responsible for rent charges.
- E. If approved for cancellation, I understand that I will be charged for rent until the date I complete a proper checkout of my apartment.
- F. If I am not approved for cancellation, I understand that I am liable for my apartment rent for the spring/summer, fall and winter semesters as indicated on this agreement.
- G. I understand that if I am academically dismissed or medically withdrawn from the University it is my responsibility to request to cancel my license agreement by submitting a license agreement cancellation to the Office of Housing & Residential Life.
- H. I understand that in the event that I elect to move into off campus housing and/or turn in my keys to the front desk during the term of this license agreement, I remain responsible for all license agreement charges for rent for the 2017-2018 academic year.
- I. I understand that all cancellation requests must be submitted to the Office of Housing and Residential Life, Wayne State University, 5221 Gullen Mall, SCB 582, Detroit, Michigan 48202 using the License Agreement Cancellation Request Form.

- Checking the box to the left and typing my name below indicates my permission for the Office of Housing and Residential Life to obtain information from other resources that may include personal information. It also confirms that all of the information I have shared in this document is truthful. I understand that failure to be truthful will result in automatic denial of my cancellation request.**

Student Signature: _____ Date: _____