

Residence Hall and Apartment License Cancellation Appeal Form

Please submit this form to the Office of Housing and Residential Life in room 598 of the Student Center within 14 days of the date on your License Cancellation response letter. Your request will not be considered if you have exceeded the 14 day time frame. You will be notified regarding your decision in writing. All decisions of your appeal are final and binding per your License Terms and Conditions.

Name: _____

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

Cell Phone: _____ Access ID: _____

Semester of Cancellation (Please check the semester and complete the appropriate year):

Fall 20____ Winter 20____ Spring/Summer 20____

Permanent Mailing Address:

Street address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Country: _____

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

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

Reason for cancellation request: (Please select an option below)

- It is less than 14 days since you submitted your housing application
- No longer attending Wayne State University: Housing will verify withdrawal from all classes
- Medical Reasons: Please provide the Medical/Psychological Documentation from your doctor
- Participation in a University-sponsored study abroad or co-op program: please provide documentation
- Graduation/Degree Completion: *Written proof of program completion must be provided by students graduating with Masters, Doctorate, or other professional degrees.

