



Housing and Residential Life

Residence Hall 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: _____

Request for effective date of cancellation: _____

*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.

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 on line forms to provide written documentation from your doctor)

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. Please use additional pages if necessary.

Overall reasoning for request is:

What has changed:

- 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 residence hall or furnished apartment space 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 farther 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.)
- B. I understand that if I am approved for cancellation because I am no longer a registered student, and I re-enroll at the university, my license agreement will be reinstated and I will be responsible for housing and dining fees.
- C. If approved for cancellation, I understand that I will be charged for my housing and dining fees until the date I complete a proper checkout of my assigned space.
- D. If I am not approved for cancellation I understand that I am liable for all my assigned charges for both my fall and winter semester as indicated on this agreement.
- E. I understand that, if I am permitted to cancel my Residence Hall/Furnished Apartment and Dining License Agreement for any reason, I will forfeit the entire \$125 non-refundable application fee.
- F. 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.
- G. 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 while still an enrolled student I remain responsible for all license agreement charges for housing and dining (if applicable) for the 2017-2018 academic year.
- H. 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:** _____