



REQUEST FOR TERMINATION OF HOUSING CONTRACT

Name: _____ Student ID: _____

Email: _____ Phone # _____ - _____ - _____ Room # _____

Residence: Living and Learning Center Les Berges du Rhône

I request termination of my housing contract effective on: Immediately

October 16, 2020 December 11, 2020 March 5, 2021 May 7, 2021 July 11, 2021

*Please note that these are the only dates for which you can terminate your housing contract during the 2020-2021 school year.
If you wish to leave on any other date, you will still be billed housing charges up until one of the dates above.*

I request termination of my housing contract for one of the following reasons (must include required documentation with your request):

- Study Abroad (Copy of Study Abroad Acceptance Letter) Marriage (Certificate Required)
- Death in Immediate Family (Certificate Required) Medical Reason (Doctor's Statement)
- Graduate (Documentation from Registrar's Office) Active Military Induction (Copy of Orders)
- Found new housing – Non WUG Apartment Other: _____

Notice Given

	More than 60 days	Less than 60 days
Housing Deposit	Refunded	Forfeited
Termination Fee	See Cancellation Charge Table	

I request termination of my housing contract due to my withdrawal from Webster University (Documentation Required).

Notice Given

	More than 60 days	Less than 60 – 30 days to end of term	Less than 30 days to end of term
Housing Deposit	Refunded	Forfeited	Forfeited
Termination Fee	See Cancellation Charge Table		

If you wish to terminate your housing contract for any reason other than those provided on this form, you must submit this signed Request for Termination form along with a written statement which states the reason for terminating the contract plus support documentation. Not all terminations will be granted.

I understand that proper notice is 60 days from the date this form is received in the Residential Life Office. Date of receipt of required documentation by the Office of Housing & Residential Life Office will determine the actual cancellation date. I understand that this request will not be approved without required documentation.

I have read the terms of my housing contract, and I understand that there is no guarantee that I will be released from my contract obligation.

Signature of Resident

Date

*****Office only*****

Received: _____ Staff: _____

Approved: _____ Denied: _____

Date of Contract Termination: _____

Professional Staff Signature and Date