

DALTON STATE COLLEGE – HOUSING CONTRACT CANCELLATION FORM

Name: _____
Last First M.I.

Student ID Number: _____ Suite Number: _____

E-Mail Address: _____@daltonstate.edu

Please note correspondence regarding this request will be sent to your Dalton State e-mail address.

Cancelling for Semester/Year: Fall 20__ Spring 20__ Summer 20__

I am requesting cancellation of my Housing contract for the following reason (check one):

\$500 Fee

Withdrawal/Leave of Absence

Academic Dismissal

Transfer

Other: _____

(Reason Required)

No Fee (approved documentation required)

Medical Reason for Student

Military Duty for Student

Change in Marital Status

Graduation

Required Internship/Study Abroad

Statement of Understanding – Signing this cancellation form indicates that you have read and that you understand all of the information on this form.

- I understand that I am responsible for the terms and conditions of my Contract, which is binding for an entire academic year.
- By completing and signing this request, I am stating that I have read and that I understand the information outlined above, that I wish to have my housing assignment cancelled, and that I wish to be released from future responsibility for my signed contract.
- I am aware that submitting this request does not guarantee that I will be released. If my request for cancellation is not approved, a space will be reserved for me, and I will remain responsible for all housing charges.
- I understand that if my request is approved, that approval is final and my contract will be cancelled. I will be removed from my current housing assignment and my assignment may be used to house another resident.
- I understand that, if my request is approved, I may be charged the \$500 Housing Cancellation Fee (HCF) in accordance with my Housing contract. If I am eligible for any refund, that refund will be based on the College Refund Schedule. By paying my housing expenses by semester, I will be solely responsible for paying the HCF.
- Upon signing this form, I will be given at least **24 hrs** to check-out of housing.
- Cancellation form must be received by 9:00am on the first day of class of the academic term or student will be charged the full term amount.

Resident Signature: _____

Date: _____

For Office Use:

Approved Denied Other: _____

Staff Signature: _____

Date: _____