



REQUEST FOR TERMINATION OF HOUSING CONTRACT/LEASE

Name: _____ Student ID: _____ Phone # _____ - _____ - _____

East-West-Maria Room # _____ WVA Apartment # _____ Email _____
(circle one)

I request termination of my housing contract/lease effective 3:00pm on:

October 19, 2008

December 19, 2008

March 8, 2009

Please note that these are the only dates for which you can terminate your housing contract/lease during the 2008-2009 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/lease for one of the following reasons:

- Study Abroad (Copy of Study Abroad Acceptance Letter)
- Graduate (Documentation from Registrar's Office)
- Medical Reason (Doctor's statement)
- Death in Immediate Family (Certificate Required)
- Marriage (Certificate required)
- Active Military Induction (Copy of orders)

Notice Given

		More than 45 days	Less than 45 days
Fees	Security Deposit	Refunded	Forfeited

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

Notice Given

		More than 45 days	Less than 45 days
Fees	Security Deposit	Forfeited	Forfeited
	Termination Fee	\$250.00	\$350.00

If you wish to terminate your housing contract/lease 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/lease plus support documentation.

I understand that proper notice is 45 days from the date this form is received in the Office of Housing & Residential Life/Webster Village Apartments Office. Date of receipt of required documentation by the Office of Housing & Residential Life Office/Webster Village Apartments 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/lease and I understand that there is no guarantee that I will be released from my contract/lease obligation.

Signature of Resident

Date

Received: _____ Staff: _____
(Date)

Approved _____
Approved Pending: _____
Denied _____

Date of Contract Termination: _____

Balance Due: \$ _____

Professional Staff Signature Date