

REQUEST FOR TERMINATION OF HOUSING CONTRACT / LEASE 2011-2012



PERSONAL INFORMATION

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

Check One: East West Maria WVA Room # _____ Email _____

TERMINATION DATE

These are the only dates for which you can terminate your housing contract/lease during the 2011-2012 school year. If you wish to leave on any other date, you will still be billed housing charges up until one of these dates.

I request to terminate my housing contract/lease effective on:

October 14, 2011, at 3:00PM

March 9, 2012, at 3:00PM

December 16, 2011, at 3:00PM

Varying Summer 2012 Dates at 3:00PM

REASON FOR TERMINATION REQUEST

Not all terminations requests will be granted. For a request to be considered, you must check one of the options below and include documentation to support your request.

Category A:

Study Abroad (Include Copy of Study Abroad Acceptance Letter)

Graduating (Include Documentation from Registrar's Office)

Marriage (Include Marriage Certificate)

Death in Immediate Family (Include Death Certificate)*

Medical Reason (Include Doctor's Statement)*

Active Military Induction (Include Copy of Orders)*

Category B:

Withdrawal/Dismissal from Webster University (Include Documentation from Registrar's Office)

Other (Include Written Statement and Any Relevant Information Regarding Your Circumstances)

OVER

FEES ASSOCIATED WITH CONTRACT/LEASE TERMINATIONS

Category A:

		Notice Given		
		More than 45 days	44-15 days from the end of term	Less than 15 days
Fees	Security Deposit	Refunded	Forfeited	Forfeited
	Termination Fees	\$0.00	\$0.00	\$250.00

**Termination due to Death in Immediate Family, Medical Reason, or Active Military Induction (with proper documentation) MAY not be subject to Termination Fees. Termination Fees are separate from the Security Deposit, which may still be forfeited depending on the amount of notice given.*

Category B:

		Notice Given		
		More than 45 days	44-15 days from the end of term	Less than 15 days
Fees	Security Deposit	Forfeited	Forfeited	Forfeited
	Termination Fee	\$250.00	\$350.00	Charged to next termination date

SIGNATURE OF UNDERSTANDING

*I understand that proper notice of request for termination is 45 days from the date this form is received in the Office of Housing & Residential Life. 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 considered until I have submitted required documentation. **In addition, 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

Office Use Only

Received: _____ Staff: _____
(Date)

Date of Contract Termination: _____

Balance Due: \$ _____

___ Approved

___ Approved Pending: _____

___ Denied

Professional Staff Signature

Date

NOTES: _____
