

NOTICE TO VACATE / RESIDENCE HALL CONTRACT CANCELLATION

Resident Name: _____

NU ID #: _____

Campus Address: _____
Hall *Room #*

Provide a reason for vacating the residence halls:

Planned Date to Vacate: _____

By signing below, I understand that by cancelling my Housing Contract, I understand that I may be forfeiting my \$250 Housing Deposit and can be charged the \$500 Cancellation Fee (see Housing Contract).

Signature

Date

For Residence Life Office Use Only

Date Received: _____

Approved: _____ Yes _____ No

Reason (If not approved): _____

Date Approved/Initials: _____

Date Emailed/Initials: _____