Office of University Housing

Request for Release from Housing Agreement

Last Name: _____ First Name: _____

Drexel Student ID: __ __ __ __ __ __ __ __ Drexel E-Mail User ID: _ _ _ _ _ @drexel.edu

Building and Room #: _____ Contact Phone #: (_____) _____

I request to be released from my Housing Agreement for the following term(s):

☐ Fall 20_____ ☐ Winter 20_____ ☐ Spring 20_____ ☐ Summer 20_____

ACCEPTABLE REASONS

The following reasons will only be approved if this form is received within 5 business days of said action.

☐ **Please circle one of the following:** Withdraw* Leave of Absence* Vacation (Not Registered for Classes)

Effective Date: __ /__ / __ Expected Return: _____ (If Applicable) i.e. Summer 2012 **Please attach any accompanying forms.*

☐ **Co-Op* more than 10 miles from Drexel/ Study Abroad for:** ( ) Fall ( ) Winter ( ) Spring ( ) Summer

**Proof of residence may be required for students on co-op*

Company/ Program's Name: _____ Coordinator's Name: _____

City/State or Country: _____ Coordinator's Signature: (required) _____

☐ **Transferring to Drexel Managed 34th Street Housing** Effective Date: __ /__ / __

A 34th Street application must be submitted via MyHousing before this request will be processed

Organization: _____

I, the undersigned, accept all cancellation fees determined by University Housing. I understand that these cancellation fees are clearly stated in the Housing Agreement, which is available though University Housing's office and website (www.drexel.edu/housing/forms). If I am a 34th Street resident cancelling for co-op or study abroad, I understand that this request must be approved by the leadership of my organization in order for the release to be granted.

Signature: _____ Date: ___ / ___ / ___

UNACCEPATABLE REASON

Reason for cancellation: _____

I, the undersigned, accept all cancellation fees assessed by University Housing for my assignment. I understand that these fees are clearly stated in the Housing Agreement, which is available through University Housing's office and website (www.drexel.edu/housing/forms). If I am a 34th Street resident, I understand that this request must be approved by the leadership of my organization in order for the release to be granted.

Signature: _____ Date: ___ / ___ / ___

Please fax, mail or return this form in person to the Office of University Housing, located in Towers Hall. Cancellation fees will be determined based on date of submission. Any request received more than **6 months** after the term(s) in question cannot be honored. You will receive a response via your Drexel email within 5 business days of receipt.

----------**DO NOT MARK BELOW LINE – OFFICE USE ONLY**----------

Comments:	**CNC Fees:** F _____ W _____ Sp _____ Su _____
	Completed: Email Banner Roster Database RCP
	Housing Deposit: Refund Forfeit No Action
	Processed: Staff: _____ Date: _____

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