



Request for Release from Housing Agreement

Last Name _____

First Name _____

Drexel Student ID _____

Drexel Email 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 five business days of the indicated scenarios:

Please select one of the following:

Withdraw*

Leave of Absence*

Vacation (Not Registered for Classes)

Effective Date ___/___/___

Expected Return ___/___/___ (If Applicable)

*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.

Transferring to Drexel-Managed 34th Street Housing (Greek Housing)

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

Effective Date ___/___/___

Fraternity/Sorority _____

I, the undersigned, accept all cancellation fees determined by Housing and Residence Life. I understand that these cancellation fees are clearly stated in the Housing Agreement, which is available through Housing and Residence Life's office and online at drexel.edu/housing/forms.

Signature _____

Date ___/___/___

UNACCEPTABLE REASON

Reason for cancellation _____

I, the undersigned, accept all cancellation fees assessed by Housing and Residence Life for my assignment. I understand that these fees are clearly stated in the Housing Agreement, which is available through Housing and Residence Life's office and online at drexel.edu/housing/forms.

Signature _____

Date ___/___/___

Please return this form to Housing and Residence Life via email to housing@drexel.edu. Cancellation fees will be determined based on date of submission. Any request received more than six months after the term(s) in question cannot be honored. You will receive a response via your Drexel email within five business days of receipt.

FOR OFFICE USE ONLY

Comments:

CNC Fees: F___ W___ Sp___ Su___

Completed: StarRez Email

Housing Deposit: Refund Forfeit No Action

Processed: Staff _____ Date ___/___/___