



ANNUAL RESIDENCE LICENSE AND DINING SERVICES AGREEMENT
CANCELLATION REQUEST

Name _____ MSU ID# _____

Term/Semester: Fall _____ Spring _____ Current Building/Room Assignment _____

Cell Phone # _____ E-mail _____ @mail.montclair.edu

Specific Reason for Request (choose below):

Financial Constraint: You will need to attach a type-written letter detailing your financial situation, including but not limited to, your current student aid status.

Medical Circumstance: You will need to attach a type-written letter from your doctor explaining the nature of your medical situation. This documentation is required for any medical release evaluation. Please do not provide prescription pad notes as your documentation – an official letter, signed from your doctor must be provided.

Studying Abroad: You will need to provide documentation from the Global Education Center confirming that you will be studying abroad.

Student Teaching/Internship: You will need to provide a type-written letter from your advisor/supervisor confirming that you will be student teaching/interning.

Part-Time Status/Graduation/Withdrawal: Please check this option and submit signed form. The Office of Residential Education and Services will contact the Registrar’s office to confirm your status. Withdrawal from the University must be requested via CAAL (Center for Academic Advising and Adult Learning) located at 132 Morehead Hall.

Other: If you are requesting to be released because of reasons other than the ones outlined above, please attach a type written letter of explanation and supporting documentation.

Please Note: Submission of this request form to the Office of Residential Education and Services does not guarantee that you will be released from your Annual Residence License and Dining Service Agreement. The only requests that are granted automatically are ones in which a student is graduating, studying abroad, student teaching or withdrawing from the University. A committee will review your cancellation request and notify you of a final decision in writing by e-mail (via your MSU student e-mail address). **Please be aware that it will take approximately ten business days to process your request.** The Residence License and Dining Service Agreement is in effect for the entire academic year or remaining portion thereof. A student remains liable for room and board charges for the full academic year, unless released from this agreement by the Office of Residential Education and Services. In canceling your contract you will also be forfeiting your housing application fee. Please refer to your Residence License and Dining Services Agreement for additional information on billing and meal plans.

If I am released from the Residence License and Dining Services Agreement, please adjust my meal plan as follows:

Cancel my meal plan **Continue my meal plan as originally selected**

Change my meal plan to:

<input type="checkbox"/> 225 Block + 150 Flex Dollars	<input type="checkbox"/> 175 Block + 150 Flex Dollars
<input type="checkbox"/> 150 Block + 150 Flex Dollars	<input type="checkbox"/> 125 Block + 250 Flex Dollars
<input type="checkbox"/> 50 Block + 100 Flex Dollars	<input type="checkbox"/> 50 Block + 250 Flex Dollars
<input type="checkbox"/> 14 Meals (any 14 meals per week)	<input type="checkbox"/> 14 Meals (any 14 meals) + 150 Flex Dollars
<input type="checkbox"/> 2 Meals (any 2 meals per week) + 50 Flex Dollars	

My signature below indicates that I have read this cancelation request form request and understand all of the information contained in it. I also understand that I must vacate my room within 48 hours of an approval of this cancellation.

Student Signature _____ **Date** _____

FOR OFFICE USE ONLY

Date Received _____ Staff Initials _____ Release Request Status: Approved Declined

Release Approval Signature _____ Effective Date _____

RMS Adjusted Date: _____ MP Office Notified Date: _____ Community Director Notified Date: _____