



MONTCLAIR STATE UNIVERSITY

Central Office
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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: If you are requesting a financial release, please attach a type-written letter detailing your financial situation, including but not limited to, your current student aid status.

Medical Circumstances: In order to be released from your contract for medical reasons, you must present a type written letter from your doctor to The Disability Resource Center located in Morehead Hall 305 (Fax 973 655-5308). The letter must include your diagnosis, functional limitations, and the specific reason(s) why living on-campus is not medically recommended. Medical information may be shared with Residential Education and Services on a "need to know" basis.

Studying Abroad: If you are requesting to be released because you will be studying abroad, please provide documentation from the Global Education Center confirming that you will be studying abroad.

Student Teaching/Internship: If you are requesting to be released because you will be student teaching/interning, please provide a type-written letter from your advisor / supervisor confirming that you will be student teaching/interning.

Part-Time Status **Graduation** **Withdrawal:** **Please check the appropriate one.** 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 typewritten letter of explanation and supporting documentation.

Please Note: Submission of this request form to the Office of Residential Education and Services is not a 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. All must be accompanied by appropriate documentation. 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 cancelling 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 + 300 Flex Dollars | <input type="checkbox"/> 225 Block + 150 Flex Dollars | <input type="checkbox"/> 175 Block + 150 Flex Dollars |
| <input type="checkbox"/> 175 Block + 300 Flex Dollars | <input type="checkbox"/> 150 Block + 150 Flex Dollars | <input type="checkbox"/> 150 Block + 300 Flex Dollars |
| <input type="checkbox"/> 125 Block + 250 Flex Dollars | <input type="checkbox"/> 125 Block + 500 Flex Dollars | <input type="checkbox"/> 50 Block + 100 Flex Dollars |
| <input type="checkbox"/> 50 Block + 250 Flex Dollars | <input type="checkbox"/> 50 Block + 500 Flex Dollars | <input type="checkbox"/> Constant Pass + \$100 Flex Dollars |
| <input type="checkbox"/> Constant Pass + \$250 Flex Dollars | <input type="checkbox"/> Constant Pass + \$400 Flex Dollars | |

My signature below indicates that I have read the cancellation form and understand all of the information contained in it. I also understand that I must vacate my room within 24 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 MP Office Notified Community Director Notified