



Department of Residence Life
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HOUSING CANCELTION FORM

1

RESIDENT INFORMATION

NAME _____
LAST NAME FIRST NAME MIDDLE NAME

STUDENT ID # _____ EMAIL _____ PHONE # _____

HOUSING AND DINING INFORMATION

I AM CANCELING MY ON-CAMPUS HOUSING ACCOMMODATION FOR:

FALL WINTER BREAK SPRING SUMMER _____

HALL NAME _____ ROOM NUMBER _____

I currently have a Meal Plan: No Yes * *Would you like to cancel your Meal Plan? No Yes

I plan to check out of my room no later than this date (if already moved in): _____

FORWARDING MAILING ADDRESS

When you move from housing remember to change your mailing address at UAOnline (<https://uaonline.alaska.edu>).
 If you have a Post Office Box on campus please close or forward your mail to your new address.

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PLEASE SELECT ONE (1) REASON WHY YOU ARE CHOOSING TO CANCEL YOUR HOUSING CONTRACT

- | | | | |
|---|---|--|--------------------------------------|
| <u>FINANCIAL</u> | <u>ACADEMIC</u> | <u>PERSONAL</u> | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Housing Cost | <input type="checkbox"/> Graduation | <input type="checkbox"/> Withdrawal from UAF | |
| <input type="checkbox"/> Meal Plan Cost | <input type="checkbox"/> Academic Probation | <input type="checkbox"/> Medical Withdrawal | |
| <input type="checkbox"/> Financial Hardship | <input type="checkbox"/> Study Abroad | <input type="checkbox"/> Living with Parents | |
| <input type="checkbox"/> Financial Aid Withheld | <input type="checkbox"/> Academic Related Internship | <input type="checkbox"/> Moving Off Campus | |
| | <input type="checkbox"/> Transferring to _____
<small>(Name of School)</small> | <input type="checkbox"/> Military Service | |
| | | <input type="checkbox"/> Death in Immediate Family | |

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PLEASE READ THE INFORMATION BELOW AND INITIAL BESIDE EACH STATEMENT AS ACKNOWLEDGMENT & AGREEMENT

- | | |
|---|---|
| <input type="checkbox"/> <i>If I currently live on-campus, my refund is contingent upon moving out and properly checking out with a Residence Life staff member. I must sign up for a check out time with my RA. Failure to do so may result in additional charges to my account.</i> | <input type="checkbox"/> <i>If I have a debt to the University any money I may be due will be applied to my University debt first.</i> |
| <input type="checkbox"/> <i>Room and Board charges will not be adjusted or removed from my University account until I completely checkout of my room.</i> | <input type="checkbox"/> <i>Any funds due to me will be processed electronically, sent by mail or refunded to the credit card used and may take up to 4 weeks to receive.</i> |

RESIDENT SIGNATURE _____ DATE _____

OFFICE USE ONLY



Confirmation Code: _____ Forfeit Deposit: Yes No Penalty (%) 0 10 25 50 75 100

CIRCLE ONE: ADMINISTRATIVE // EMAIL // PHONE // WALK-IN Accepted By: _____ Date Accepted: _____

Administrative Changes: _____ Additional Comments: _____

DINING SERVICES NOTIFIED <input type="checkbox"/>	ROSTER UPDATED <input type="checkbox"/>	POLAR EXPRESS UPDATED <input type="checkbox"/>	CANCELLATION COMPLETE <input type="checkbox"/>
THD UPDATED <input type="checkbox"/>	DEPOSIT RELEASED <input type="checkbox"/>	DEPOSIT FORFITED <input type="checkbox"/>	BED REACTIVATED <input type="checkbox"/>