Housing Cancellation Form

Please Print Clearly:

Today’s Date__________ Student ID#: ____________

Name: ___________________ Last First MI ____________

Residence Hall/Apartment Building __________________ Room Number ____________

Please check the appropriate category:
Leaving: 
☐ During the Semester: Check-out Date: ____________
☐ End of Fall: Check-out Date: ____________
☐ End of J-Term Check-out Date: ____________
☐ End of Spring (only complete after Spring housing selection) Date: ____________

Reason(s) for Cancellation (mark one from each section if applicable)

Section A
☐ Transfer
☐ Commuting
☐ Moving Off Campus
☐ Leaving the college
☐ Graduating
☐ Philly
☐ Study Abroad: please tell us where you’re going __________________________________________________________
☐ Other: ____________________________________________________________________

Section B
☐ Academic Dismissal
☐ Disciplinary
☐ Financial

Section C
☐ Internship
☐ Marriage
☐ Medical
☐ Noise
☐ Roommate Conflict

I understand that:
• I cannot be officially withdrawn from the residence halls until I completely vacate my room, turn in my room/apartment key, and complete all check-out procedures. Failure to complete the check-out process may result in improper check-out charges.
• I understand that a final inspection of my room/apartment will conducted by my Residence Director and any damages found may result in damage charges.
• I am responsible for the terms and conditions of my housing contract and any penalties.
• Failure to satisfy the financial obligations accrued under my contract will result in the denial of college services.

Electronic Signature
☐ My electronic signature is indicated by (1) checking this box, (2) typing my name below (3) submitting this form as an attachment in an email from my Messiah College email account.

__________________________________________________________
Student Signature Date:

For Housing Office Use:
Enrolled ______ credits
Not Enrolled______
SLARASG ___
SLARMAP: ____
Blackboard/Card Svcs: ____
Other: ____________________

Office Use Only

For Residence Hall/Apt Use:
By:______( Staff Initials)
Key Return Date: ____________
or
Lock Change Date: ____________
RCI/ACI Completed: Yes No
Damage Charges: ☐ Yes ☐ No

Last updated: 12/3/2008