ST. CLAIR COLLEGE RESIDENCE CANCELLATION / WITHDRAWAL REQUEST

Residence cancellations and/or withdrawals will not be granted until this form has been received. This form must be submitted to the Front Desk by students **at least 10 business days** before the desired date of cancellation/withdrawal. Staff will contact the student to follow up with this request. Students are advised to read and review the **Termination and Cancellation section of the Student Residence Agreement (SRA)** prior to submitting this request, which can be found at: www.stclairrez.ca. Cancellations, withdrawals and refunds will be granted in accordance with these policy statements.

STEP 1: PERSONAL INFORMATION

Date MM / DD / YY Anticipated Date of Withdrawal MM / DD / YY Student Number _____

Surname _____ First Name _____ Initial ___

Mobile/Day Time Phone Number ___ - ___ - ___ - ____ Room Number ____ Room Side ❑ Room 1 ❑ Room 2
(country code) (area code)

Email _____

STEP 2: REASON FOR WITHDRAWAL

I am: ❑ **cancelling my application to live in residence** (I have not yet moved in to residence), OR
❑ **withdrawing from residence** (I currently live in residence)

Please indicate your reasons for cancelling/withdrawing. Check **ALL** that apply. Please note, supporting documentation may be requested.

- ❑ Academics – withdrawing from the College/University
- ❑ Accepting admittance at another College/University
- ❑ Career – change in career plans
- ❑ Co-Op / Work placement outside of the City
- ❑ College/University experience
- ❑ Financial – cost of residence, tuition, etc.
- ❑ Graduating / Program conclusion
- ❑ Medical
- ❑ Moving off campus
- ❑ Personal
- ❑ Residence experience
- ❑ Other (Explain) _____

By signing this form you are indicating that you wish to either: (a) cancel your application to live in residence, or (b) you wish to terminate your residence contract and move out of residence. By signing this form you are also indicating that you have read and understand the SRA and the Termination and Cancellation Policy.

Resident Signature _____ Date MM / DD / YY

STEP 3: OVERALL SATISFACTION QUESTIONS

Please indicate your overall satisfaction with your residence experience:

❑ Very Satisfied ❑ Satisfied ❑ Neither Satisfied or Dissatisfied ❑ Dissatisfied ❑ Very Dissatisfied

Please indicate your overall satisfaction with your college experience outside of the residence:

❑ Very Satisfied ❑ Satisfied ❑ Neither Satisfied or Dissatisfied ❑ Dissatisfied ❑ Very Dissatisfied

Is there anything we could do differently to improve your overall satisfaction with your experience in residence or at the College/University?

_____

_____

Is there anything we could do to encourage you (or help you) stay in residence for the remainder of the semester/year?

_____

_____

OFFICE USE ONLY

Withdrawal letter received: MM / DD / YY Received by (Manager) _____

Student contacted: ❑ Yes ❑ No Date contacted: MM / DD / YY

Confirmed cancellation/move-out date: MM / DD / YY

Refund processed: ❑ Yes Date: MM / DD / YY

Reservation Number: _____ Room Type: _____