

**Housing Cancellation Fee Appeal Form – Current Resident Students**  
*For use during Fall, Intersession and Spring Semesters*

**The Residential Living Agreement** binds the student for both the fall and spring semesters. Any student who leaves the residence halls at any time after taking occupancy of the room will be charged a \$1,500 cancellation fee. This cancellation fee may be waived with written approval for reasons that include but are not limited to graduation, study abroad, student teaching, military service, official University withdrawal, or official leave of absence. Students may incur charges for the January Session pursuant to paragraph 16 of this Agreement if they maintain occupancy of the room during that session.

**Students must submit this cancellation request to Reslife@hofstra.edu.**

**Please check all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> I am a December graduate.                                       | <input type="checkbox"/> Living off campus.  |
| <input type="checkbox"/> I am withdrawing from the University.                           | <input type="checkbox"/> Commuting from home.  |
| <input type="checkbox"/> I am taking an official leave of absence.                       | <input type="checkbox"/> Financial reasons.*   |
| <input type="checkbox"/> I am transferring.  | <input type="checkbox"/> Medical reasons.*   |
| <input type="checkbox"/> I will be serving in the military.                              | <input type="checkbox"/> Academic reasons* (including student teaching, Internship). |
| <input type="checkbox"/> Participating in a Study Abroad program.*                       |  |
| <input type="checkbox"/> Other, (please specify reason and provide documentation): _____ |  |

**\*student must attach a written appeal describing how their situation has changed since signing the Housing Agreement and provide documentation from a third party in support of their cancellation request.**

**PRINT NAME** \_\_\_\_\_ **HU ID#** \_\_\_\_\_

**Hofstra E-Mail Address** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Effective Term:**    **Fall**                       **Intersession**                       **Spring**

**Please check appropriate box and circle the “appropriate” term and student type.**

- New first-year student
- New transfer student
- New Graduate student or Law student
- Continuing Graduate student or Law student
- Medical School Student
- Continuing Undergraduate student.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For Office Use Only*

RECEIVED DATE
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Cancellation effective date _____
Processed by: _____
Date: _____
Yes/No _____
Amount \$ _____

**HOFSTRA UNIVERSITY**  
**OFFICE OF RESIDENCE LIFE**  
**250 WELLNESS AND CAMPUS LIVING CENTER**  
**ROOM 126**