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.

- ☐ I am a December graduate.
- ☐ I am withdrawing from the University.
- ☐ I am taking an official leave of absence.
- ☐ I am transferring.
- ☐ I will be serving in the military.
- ☐ Participating in a Study Abroad program,*
- ☐ 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

Cancellation effective date________________
Processed by: _______________________
Date: _______________________
Yes/No _______________________
Amount $__________________

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

9/2017