

USFSP HOUSING CANCELLATION REQUEST

PLEASE PRINT NAME _____ **U#** _____

CELL PHONE _____ **USFSP E-MAIL** _____@mail.usf.edu

Term of cancellation: Fall Year: ____ **Spring Year:** ____ **Summer** ____ **Term: A / B / C / AB**
Check all that apply (Circle One)

University Student Housing & Dining Agreement terms and conditions states, "This Agreement is binding for the full academic year, or summer term." Cancellations **WILL NOT** be granted simply to move off campus.

All requests for meal plan cancellation must be accompanied by documentation that you have officially withdrawn from USFSP. If the request for Housing cancellation is made and approved prior to the start of the semester, a refund for Meal plan will be issued. No refunds for Meal Plan will be issued for any cancellation received after the start of the semester. **Non-payment does not cancel your meal plan. Any questions regarding Meal Plan should be routed to 'mealplans@usfsp.edu'.**

This form must be submitted to the Housing and Residence Life Office.

Scan & Email: Housing@usfsp.edu or Drop-off/Mail: 500 2nd Street South, St Petersburg, FL 33701

DEADLINES AND CHARGES RESULTING FROM CANCELLATIONS:

Status in Assignment Process	October 1, 2019 – May 1, 2020	May 2 – June 1, 2020	June 2 – July 1, 2020	July 2 – August 1, 2020	August 2 – August 16, 2020	After August 16, 2020
Applied	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Assigned	No Charge	\$250	\$500	\$1000	\$1500	Half the Remaining Charges for the Agreement

****Approved Spring Cancellation will be assessed half of the posted charges if received after the add drop week.****

Notice: Students who have *Florida Pre-paid Dormitory Plan* must contact FLPP as cancelling a University Student Housing Contract may affect the status of that plan.

Please indicate your reason for cancellation by checking ALL of the spaces below that apply:

Current residents who transfer or withdraw should understand that their opportunity to return to University Student Housing will be contingent upon availability.

_____ **Transferring** → Name of College/University: _____

Reason for Transferring: ___ *Financial* ___ *Major not Offered* ___ *Housing Availability*
 ___ *Family/Closer to home* ___ *Other: (Please explain on Page2)*

_____ **Graduating** → Term & Year of Graduation: _____

_____ **Withdrawing** → Type of Withdrawal: ___ *Full* ___ *Partial* ___ *Medical*

_____ **Seeking Exception:** Please see page 2

You will be notified if your request has been approved via your **USFSP e-mail address.**

Approved: _____

Denied: _____

Initials: _____

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Housing cancellation exceptions will only be considered for **DOCUMENTED** financial, medical/ psychological need, or other compelling circumstance for the Term(s) listed below.

I am seeking exception to cancel my Housing contract based on (please select one):

- Financial Need** - To be considered to have a **documented** financial need, you must demonstrate a change in your financial status that occurred after the original submission date of your Housing & Dining contract. Proof of such a change can be shown by **submitting** one of the following to the Operations Coordinator:
 - o Documented loss of family or personal income.
 - o Documented loss of financial aid support or significant change from original financial aid granted (this will be verified via the financial aid page on your OASIS account).
 - o Attached letter outlining the students financial situation (written by student or parent/guardian).

*Item **not** considered - It is less expensive to live off campus*

- Medical or Psychological Need** - To be considered for a documented medical or psychological need, you must demonstrate a change in your medical or psychological condition that occurred after the original submission date of your University Student Housing & Dining Contract, which requires you to vacate University Student Housing. A letter from your attending physician explaining your need must be attached to this appeal which will also need to be submitted to the Office of Disability services. You must also register with the Office of Disability Services.

EXPLAIN: Please include your explanation of Financial/Medical/Psychological need by attaching a letter of explanation. Please **Attach required documentation**. Requests submitted without documentation will **NOT** be considered.

If you wish to explain your reason for cancelling please use the following lines to provide details (you may attach additional information as necessary):

Your Signature: _____ **Date** _____

Signature of parent or guardian if under the age of 18: _____ Date: _____

Approved: _____

Denied: _____

Initials: _____