



Box 20551
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Savannah, GA 31404
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Housing Cancellation Notice Form

Year: _____
o Fall
o Spring
o Summer 1st Session
o Summer 2nd Session

Last, First and Middle Name: _____
Student ID Number: _____
Residence Hall and Room Number: _____
Email Address: _____

Current Classification:
o New Freshman
o Sophomore
o Junior
o Senior
o Graduate
o Other

Reason(s) for cancellation (please check all that apply):
o Graduating
o Withdrawing from the University
o Not Returning to SSU next semester(will not be registered at SSU)
o Living at home due to Financial Issues
o Other _____
o Co-op/Intern
o Academic Suspension/Expulsion
o Military duty
o Transferring to another college/university

Students, who complete this contract, enroll for classes at SSU, and fail to honor this contract will be held financially responsible for 50% of the room charges for the semester. Prorated amount of the board/meals and unlimited laundry charges still apply. Students, who do not cancel their housing application/contract two (2) weeks prior to the move-in day for fall semester and two (2) days after December graduation for the spring semester.

Please Note: At a later date, lists of registered/non-registered students, academically suspended students, graduating senior, etc, will be carefully reviewed and relevant charges will be assessed wherever applicable to this Housing cancellation.

Please take a minute to expand upon you reasons for canceling. Your responses are appreciated and will be kept in confidence. Please check all that apply.

o Preference for private bedroom
o Poor economy, need to live at home
o Rules, regulations and policies in general
o Alcohol restrictions
o Policies not enforced
o Quiet hours not enforced
o Too expensive
o Small Size of room
o To live with friends
o Visitation Restrictions
o Noise

Please check the one category that best describes the type of housing in which you are moving to:
o Apartment building
o Duplex/Townhouse
o Rented room in a house
o Mobile home
o Parent's house
o Detached house

My Signature indicates that I am terminating my Student Housing application/contract on _____. I understand that once I cancel the housing application/contract the Room Reservation Fee will be forfeited according to the cancellation Schedule above.

Student Signature _____ Date _____

For Office Use
Housing Coordinator or Staff
Initials _____
Date _____