



Bemidji State University
 Department of Residential Life
 2009-2010
Request to Cancel Residence Hall Contract

Name _____ Student ID _____ Today's Date _____
 Residence Hall/Room _____ Anticipated Date of Departure _____
 Permanent or Off-Campus Address _____ Phone _____

Cancellation is requested for: Fall 2009 Spring 2010

Canceling your Contract has financial consequences. Mark the applicable reason below for requesting to cancel. (Select one)

- 1. Cancel prior to the start of the contract** (loss of prepayment)
 Notice must be postmarked no later than 30 days prior to the contract start date to receive a \$50 refund of the \$150 prepayment. Notice received less than 30 days prior to the contract start date forfeits the full prepayment, but the applicant is relieved of any further obligation under the contract.
- 2. 30-day notice of mid-term cancellation** (\$30 processing fee)
 Once the contract period begins (August 21, 2009 for fall semester and January 10, 2010 for spring semester), you are required to give a 30 calendar day notice to cancel the contract. A \$30 administrative processing fee will be assessed and you will be billed for the 30 days following the written notice. You may continue to live in your room during those 30 days.
- 3. Immediate withdrawal from school** (room charges apply through date of check-out)
 Contact the Records Office to drop or withdraw from classes prior to completing this form. You must check out of the residence hall within 48 hours.
- 4. Cancel the following semester**
 - Cancel by Dec 1 and move out by noon, Dec 17 (room charges through the end of fall)
 - Cancel between Dec 2 and Dec 17 and move out by noon Dec 17 (\$150 late cancellation fee)
 - *Cancel after Dec 17 (\$300 late cancellation fee and must move out within 48 hours)
- 5. Cancel spring semester due to graduation, internship, or student teaching**
 Status will be confirmed with the Records office. (No fees)

Reason for cancel (if not addressed above): Academics Medical reasons Moving Off-Campus
 Other _____

MEAL PLANS: Changing or canceling a meal plan is allowed only during the first three weeks of the semester, or by totally withdrawing from school.
Please indicate your intentions _____

***** *Communicate with your Resident Assistant to schedule a proper check out time* *****

Refunds or applicable charges will be determined upon receipt and review of the checkout packet. Eligible refunds will be returned to the student or applied to any outstanding balance owed to the university. Applicable charges will be posted to the student's account.

Student Signature _____ Date _____ Return form to: Residential Life Office
 1500 Birchmont Drive NE #33
 Bemidji, MN 56601-2699

FOR RESIDENTIAL LIFE STAFF USE ONLY – DO NOT WRITE BELOW THIS LINE

Date Received _____ Processing Fee _____ Meal Plan _____ Effective Date of cancellation _____
 Book _____ Computer _____ SS _____ ARAMARK _____ Partial Refund or Prepay _____ COP _____ Notice to Hall _____