



Box 20551
3219 College Street
Savannah, GA 31404
P: (912) 358-3132
F: (912) 358-3632

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 the Housing Contract, that are still enrolled for classes at SSU and fail to honor this contract will forfeit their room reservation fee and be held financially responsible for 50% of the room charges for the semester, as well as the prorated amount of the board charges.

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 on _____. I understand that once I cancel the housing application the Room Reservation Fee will be forfeited according to the cancellation Schedule above.

Student Signature _____ Date _____

For Office Use
Coordinator of
Occupancy Management
and Assignment
Staff Initials _____
Date _____