



## Housing Cancellation Form

Name		E-Mail Address	
ID#		Cell Phone	
For Housing Year		Unit & Bedroom	
Home Mailing Address City, State, Zip		Social Security #	

I am requesting the cancellation of housing at Coppin State University for the following reason(s):  
*Check all that apply*

<input type="checkbox"/> Graduation	<input type="checkbox"/> Study Abroad (educational program)
<input type="checkbox"/> Withdrawal from the University	<input type="checkbox"/> Denial of Admission (ineligibility due to academic requirements)

In signing below, I agree to all fees that apply to my cancellation, as stated in my housing contract, based on my cancellation date if applicable. I understand submitting this form serves as my request to have the \$125 housing application fee refunded to me if my cancellation is approved and is requested but the appropriate cancellation date.

Resident Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<i>Staff Use Only</i>	
RECEIVED BY _____	DATE _____