



Office of University Housing

Request for Release from Housing Agreement

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Drexel Student ID: \_\_\_\_\_ Drexel E-Mail User ID: \_\_\_\_\_ @drexel.edu

Building and Room #: \_\_\_\_\_ Contact Phone #: (\_\_\_\_\_) \_\_\_\_\_

I request to be released from my Housing Agreement for the following term(s):

Form with checkboxes for Fall 20, Winter 20, Spring 20, and Summer 20.

ACCEPTABLE REASONS

The following reasons will only be approved if this form is received within 5 business days of said action.

Form with checkbox and options: Withdraw\*, Leave of Absence\*, Vacation (Not Registered for Classes)

Effective Date: \_\_\_/\_\_\_/\_\_\_ Expected Return: \_\_\_\_\_ \*Please attach any accompanying forms.

Form with checkbox and options: Co-Op\* more than 10 miles from Drexel/ Study Abroad for: ( ) Fall ( ) Winter ( ) Spring ( ) Summer

Company/ Program's Name: \_\_\_\_\_ Coordinator's Name: \_\_\_\_\_

City/State or Country: \_\_\_\_\_ Coordinator's Signature: (required) \_\_\_\_\_

Form with checkbox and options: Transferring to Drexel Managed 34th Street Housing

I, the undersigned, accept all cancellation fees determined by University Housing. I understand that these cancellation fees are clearly stated in the Housing Agreement...

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

UNACCEPTABLE REASON

Reason for cancellation: \_\_\_\_\_

I, the undersigned, accept all cancellation fees assessed by University Housing for my assignment. I understand that these fees are clearly stated in the Housing Agreement...

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Please fax, mail or return this form in person to the Office of University Housing, located in Towers Hall. Cancellation fees will be determined based on date of submission.

DO NOT MARK BELOW LINE - OFFICE USE ONLY

Table with 4 rows and 2 columns: Comments, CNC Fees, Completed, Housing Deposit, Processed.