

ROOM AND MEAL PLAN CANCELLATION FORM



*This form is used to cancel only your room and meal plan for the semester you indicate.
Cancellation of classes must be completed with the Enrollment Services Office.*

Room and Meal Plan Cancellation Policy

The \$300 housing deposit is non-refundable after August 15th for the Fall semester and January 1st for the Spring semester. Once a student has signed a housing contract said contract is for the entire academic year. This agreement may be canceled in writing by notifying the Campus Life Office at the Post campus. The student will be subject to charges as indicated in the liability schedule below. These charges apply to all students including those who cancel due to leave of absence or withdrawal.

Cancellations after taking occupancy for any reason (graduation, withdrawal, and leave of absence) must be made in writing. The effective date of a student's cancellation is the date on which the student: cancels in writing, vacates and removes all personal belongings from the room, and properly checks out with the Post's Campus Life staff. The cancellation will not be considered effective until all three conditions are met. Cancellation/termination of agreement submitted after occupancy may incur liability according to the schedule below:

Room & Meal Plan Liability Schedule: Fall, Spring, and Summer

- Pro-rated based on number of days occupying the room and/or board plan (rate/total days in a term)
- After week 6 of each Fall and Spring semester, student is 100% liable for all room and board charges
- After week 3 of each Summer session, student is 100% liable for all room and board charges.

Name (Please Print): _____ University ID: _____

Assignment (Residence Hall and Room): _____ Cell: _____

Current Meal Plan: 1 2 3 Dining Dollars Buy-Up

I want to cancel my Room and Meal Plan for: Fall 20____ Spring 20____ Summer 20____

Reason(s) for cancelling:

- Graduation
- Study Abroad
- Commuting (check one) Financial Part-Time Renting Other: _____
- Leave of absence (check one) Health Conduct Academic Other: _____
- Transfer (check one) Financial Academic Other: _____
- Withdrawal (not attending another university)
- Other: _____

By signing below I indicate that I understand and agree to comply with all terms, conditions, regulations and responsibilities described in the Housing Agreement and the Room & Meal Plan Cancellation Policy.

Signature: _____

Date: _____

Completed forms must be submitted to Campus Life in Hillwood Commons, Room 119, or emailed to Post-CampusLife@liu.edu

FOR CAMPUS LIFE OFFICE USE ONLY

Date form received: _____

Form received by: _____

Room credit: \$ _____

Credit posted on: _____

Meal Plan credit: \$ _____

Credit posted by: _____