

TERMINATION OF OCCUPANCY AGREEMENT

Your Housing Residence Agreement is binding for the entire selected contract term. Requests to cancel an agreement generally fall within two categories: automatic cancellation or non-automatic cancellation. Both of these categories require 30 day written notification to Housing@ndnu.edu, during which time the petition will be reviewed and based upon verification either approved or denied.

Grounds for cancellation generally include the following circumstances:

1. Withdrawal/transfer from NDNU
2. Non-enrollment in two or more consecutive academic terms within the contract period
3. Marriage
4. Financial Hardship
5. Medical Request
6. Other hardship

We are aware that situations occasionally arise, which warrant review and possible exception to this policy. In order for us to better understand and respond to your unique circumstances, please follow Steps 1 through 4 of this petition. Please keep in mind that your thoroughness in this process will facilitate a timely evaluation and response to your request. All petitions are processed in accordance with provisions of the Housing Residence Agreement guidelines.

STEP 1: Read this form, *Termination of Occupancy Agreement*, completely.

STEP 2: Fill out the attached Petition Form completely, answer all questions and attach all required documentation.

STEP 3: Return the completed form and attachments to the Housing Office, c/o Director of Housing.

STEP 4: You will be contacted via email about the status of your request within a week of our receipt of this request. Please make sure to provide us with an email account that you check regularly and to write your email address LEGIBLY.

Cancellation Timeline and Fees

- ♦ All cancellation requests will be reviewed once all necessary materials are submitted. If you fail to submit appropriate and adequate documentation as described in the four steps above, your petition for a contract cancellation will not be considered.

REQUESTS FOR CANCELLATION ARE HANDLED ON A CASE BY CASE BASIS. VACATING YOUR ROOM, RETURNING YOUR KEYS DO NOT CONSTITUTE RELEASE FROM YOUR CONTRACTUAL OBLIGATIONS. WITHOUT PROPER AUTHORIZATION TO CANCEL, RESIDENTS WILL BE HELD RESPONSIBLE FOR THE TERMS AND CONDITIONS OF THE HOUSING RESIDENCE AGREEMENT.

TERMINATION OF OCCUPANCY AGREEMENT

Notre Dame de Namur University

(Fill out completely and legibly)

SECTION I: RESIDENT/LICENSEE INFORMATION

Last Name: _____ First Name _____ ID#: _____

Apartment / Dorm Name: _____ Room #: _____

Cellular Phone #: (____) _____ Email Address: _____

Alternate Phone #: (____) _____ Are you under 24 years of age? ☐ yes ☐ no

SECTION II: GUARANTOR INFORMATION

Licensees under the age of twenty-four (24) who have a financial guarantor must obtain the signature of said guarantor on their petition to cancel their housing license agreement.

Last Name: _____ First Name _____ Email: _____

Street Address: _____ Cellular Phone #: (____) _____

Street Address 2: _____ Alternate Phone #: (____) _____

City: _____ State/Region: _____

Zip/Postal Code: _____ Country: _____

SECTION III: CANCELLATION CHECK LIST

1. Are you requesting to cancel due to Non-Enrollment/Withdrawal/Transfer/Graduation from NDNU? ☐ YES ☐ NO
- ☐ Please check here if you will not be enrolling in courses for the remainder of the academic year.
This information will be verified by Housing and the Registrar.

Residents who are requesting to be released from their Housing Residence Agreement due to the fact that they will not take any classes during the remainder of their housing contract are notified of the following: In the event your request is approved your housing charges will be rescinded. Should you enroll for ANY CLASSES during the time covered by the Housing Residence Agreement all of your housing fees, including rent will be re-instated with the resident and financial guarantor liable for all fees. Failure to pay these fees will result in the matter being referred to collections.

By signing this Petition to Cancel the Licensee and Financial Guarantor acknowledge that they have read this information and are aware of said practice.

2. Are you requesting to cancel due to marriage? ☐ YES ☐ NO
- If yes, please attach a copy of the marriage certificate.

3. Are you requesting to cancel due to financial hardship? ☐ YES ☐ NO
- If yes, provide a typed explanation on a separate sheet of paper as to your financial status and include any documents you have which support your request. Students may also be asked to submit documentation from the Financial Aid Office and available aid will be considered.

4. Have you spoken with the Business Office about a payment plan to meet the financial obligations of your agreement?

☐ YES ☐ NO

Please attach appropriate documentation to support your financial claim. Hardships of a financial nature must be accompanied by supporting documentation such as tax documents, bank statements, and a letter from a parent or other financial supporter detailing the change in financial status.

5. Are you requesting to cancel due to a medical concern?

☐ YES ☐ NO

If yes, you will need to meet with a Disability Services staff member. Determinations for medical needs will be based on recommendations from this office.

5. Are you requesting to cancel for a different reason?

☐ YES ☐ NO

If yes, on a separate piece of paper, please provide a typed explanation detailing why you are requesting the cancellation of your Housing Residence Agreement.

Are you receiving financial aid?

☐ YES ☐ NO

Note: Housing staff notifies the Office of Financial Aid and Scholarships of all cancelled contracts due to non-enrollment which may impact a resident's financial aid award for the academic year.

NOTE: Reasons such as roommate conflicts or noise are NOT adequate reasons for cancellation. These issues can be dealt with effectively by consulting the Administrative Staff in the Housing Office. We will work with you to resolve your situation through other available means.

SECTION IV: MANDATORY SIGNATURES

I certify I have fully read the information provided in this packet. I also certify that my responses and supporting documents are accurate.

I am aware that my license agreement will be fully reinstated in the event that the grounds for the cancellation are no longer valid (e.g. enrollment in courses within the same academic year as the cancellation for instance of cancellation due to withdrawal from institution). Furthermore, I understand that provision of false information will result in my referral to my Dean as a potential violation of the Student Conduct Code.

I understand that all applicable rent charges will be active until I complete the official check-out process including: submission of keys and room condition report.

Resident / Licensee Signature: _____ Date: _____

Financial Guarantor Signature (if applicable) _____ Date: _____

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS BOX

Request received: _____
Time Date Initials

Reviewed by Director of Housing: _____
Date Signature

Status: ☐ Approved ☐ Denied

Cancellation Fee: ☐ Yes ☐ No

Notes: _____