

REQUEST TO WITHDRAW FROM RESIDENCE

This form is to be used for students who are currently living in Residence. Residence withdrawals will not be granted until this form has been received. Processing may take up to 5 business days. Residence Services will contact the student to follow up with this request. Students are advised to read and review the Termination of Agreement by the Resident in section 10 of the accommodation agreement prior to submitting this request which can be found at: http://www.mtroyal.ca/wcm/groups/public/documents/pdf/res_accomagree_fallwinter.pdf Cancellations, withdrawals and refunds will be granted in accordance with these policy statements.

Step 1: Personal Information

Date	Anticipated date of withdrawal	Student Number
Last Name	First Name	
Daytime phone number	Room number	

Step 2: Reason for withdrawal

****If you are requesting to withdraw due to a medical condition, proper documentation from your treating physician must be accompanied with this form.**

By signing this form you are indicating that you wish to terminate your residence contract and move out of residence. By signing this form you are also indicating that you have read and understand the Accommodation Agreement and the Termination of Agreement by the Resident section of that agreement.

Signature _____ Date _____

Once completed, printed and signed, this form may be submitted to Residence Services as follows:

1. Scanned and emailed to residence@mtroyal.ca as a PDF document
2. Brought to the Residence Office located in Building 'B' of West Residence during business hours of Monday to Friday 8:30 AM to 4:30 PM
3. Faxed to 403.440.6281

Office Use Only

Withdrawal form received _____ (date)	Received by _____
Student contacted _____ (date)	RA Notified _____
Calculated refund _____ (date)	HK Notified _____