

Mohawk College Residence Cancellation / Withdrawal Request Form

Residence cancellations and/or withdrawals will not be granted until this form has been received. This form must be submitted to the Front Desk by students **at least 5 business days** before the desired date of cancellation/withdrawal. Staff will contact the student to follow up with this request. Students are advised to read and review the **Termination and Cancellation section of the Student Residence Agreement (SRA)** prior to submitting this request, which can be found at: www.mohawkrez.ca. Cancellations, withdrawals, and refunds will be granted in accordance with these policy statements.

STEP 1: PERSONAL INFORMATION

Surname _____ First Name _____ Initial _____
Date ____ / ____ / ____ Anticipated Date of Withdrawal ____ / ____ / ____ Student Number _____
MM DD YY MM DD YY
Mobile / Day Time Phone Number _____ Room Number _____
(country code) (area code)
Email _____

STEP 2: REASON FOR WITHDRAWAL

I am: **cancelling my application to live in residence** (I have not yet moved in to residence), OR
 withdrawing from residence (I currently live in residence)

Please indicate your reasons for cancelling/withdrawing. Check **ALL** that apply. Please note, supporting documentation may be requested.

- | | |
|--|--|
| <input type="checkbox"/> Academics – withdrawing from the College/University | <input type="checkbox"/> Graduating / Program conclusion |
| <input type="checkbox"/> Accepting admittance at another College/University | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Career – change in career plans | <input type="checkbox"/> Moving off campus |
| <input type="checkbox"/> Co-Op / Work placement outside of the City | <input type="checkbox"/> Personal |
| <input type="checkbox"/> College/University experience | <input type="checkbox"/> Residence experience |
| <input type="checkbox"/> Financial – cost of residence, tuition, etc. | <input type="checkbox"/> Other (Explain) _____ |

By signing this form you are indicating that you wish to either: (a) cancel your application to live in residence, or (b) 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 SRA and the Termination and Cancellation Policy.

I agree that I have read and understand the SRA and the Termination and Cancellation Policy Date ____ / ____ / ____
MM DD YY

STEP 3: OVERALL SATISFACTION QUESTIONS

Please indicate your overall satisfaction with your residence experience:

- Very Satisfied Satisfied Neither Satisfied or Dissatisfied Dissatisfied Very Dissatisfied

Please indicate your overall satisfaction with your college experience outside of the residence:

- Very Satisfied Satisfied Neither Satisfied or Dissatisfied Dissatisfied Very Dissatisfied

Is there anything we could do differently to improve your overall satisfaction with your experience in residence or at the College/University?

Is there anything we could do to encourage you (or help you) stay in residence for the remainder of the semester/year?

OFFICE USE ONLY

Withdrawal letter received: ____ / ____ / ____ Received by (Manager) _____
MM DD YY
Student contacted: Yes No Refund processed: Yes
Date student contacted: ____ / ____ / ____ Date refund processed: ____ / ____ / ____
MM DD YY MM DD YY
Confirmed cancellation/move-out date: ____ / ____ / ____
MM DD YY
Reservation Number: _____

STUDENT NAME & ID

BANNER NUMBER _____

FIRST NAME _____

LAST NAME _____

ADDRESS: _____

CITY/PROVINCE: _____

POSTAL CODE: _____

REASON FOR REFUND REQUEST:


Note: There is no refund unless you withdraw from the College. Refunds will be prorated based on the number of days remaining in 'meal plan days' or the remaining balance on your meal plan, whichever one is lower. Meal Plan refundable amounts will be applied to any outstanding balances on your student account, where applicable. A \$50 administration fee will be deducted from refund amounts issued.

Student Signature: _____ **Date:** _____

CLC OFFICE USE ONLY:
Amount outstanding for residence fees: \$ _____

Authorization for Meal Plan Refund:

PRINT NAME _____

SIGNATURE _____

DATE _____

ONE-CARD OFFICE USE ONLY:

A. Current balance on meal plan A \$ _____

B. Pro-rated Amount = original amount x percentage

Pro-rated based on # days remaining in meal plan

$$\frac{\text{DAYS REMAINING}}{\text{TOTAL DAYS}} = \text{PERCENTAGE REMAINING} \% \times \$ \text{ORIGINAL AMOUNT OF MEAL PLAN} = \text{B } \$ \text{_____}$$
Meal plan refund is lesser of A or B Refund \$ _____

Authorization: _____ Date: _____

ACCOUNTING OFFICE USE ONLY:

Residence Meal Plan Refund Amount \$ _____ MPRV

Less: BALANCE OWING ON STUDENT ACCOUNT \$ _____

Less: Outstanding Residence Fees \$ _____ RSFE

Less: Administration Fee \$ 50.00 ONAF

Net to be refunded \$ _____ RFND

Authorization: _____ Date: _____