



Central Connecticut State University
Department of Residence Life



RESIDENCE HALL WITHDRAWAL FORM

To be used if you have moved into your assigned Residence Hall and Room

Name _____ Student ID# _____
(last) (first)

Residence Hall _____ Room # _____

The above named student will check out of the residence hall on _____
(date)

Reason for withdrawal _____

Student and residence hall director signature is needed on the following:

Student has turned in all residence hall keys Yes () No () _____ Staff Initials /Date

Room Condition Form has been officially closed out Yes () No () _____ Staff Initials/Date

Does student wish to remain on meal plan? Yes () No ()

Residence Hall Director signature Date

Important Withdrawal Information

Students who withdraw from University:

- Upon withdrawal from the University up to and including the first day of classes, 100% of the balance paid less the housing deposit will be refunded.
- 60% of the balance will be refunded during the first two weeks of classes
- 40% of the balance will be refunded during the third and fourth weeks of classes
- No refund after the fourth week
- 60% and 40% refund assumes that applicable charges were paid in full and if not, student may actually owe to CCSU.

Students who remain enrolled but withdraw from University Housing:

- Upon withdrawal from a residence hall up to and including the first day of university-wide classes as defined by the published university calendar, 100% of the balance paid less the housing deposit and the housing cancellation fee, if applicable, will be refunded.
- No refunds will be made after the beginning of classes.

I have read and understand the above information and wish to withdraw from housing

Student signature Date

Please contact your hall director as soon as possible to complete this process.

Barrows Hall	832-1675	Gallaudet Hall	832-3452	Seth North Hall	832-0527
Beecher Hall	832-3439	James Hall	832-3442	Sheridan Hall	832-3445
Carroll Hall	832-3469	Sam May Hall	832-3466	Vance Hall	832-1680

Office Use Only:

Processed by/Date Processed: _____ Last Date of Meal Plan Activity: _____