

FOR OFFICE USE ONLY	
StarRez ID:	_____
Received Date:	_____
Processed Date:	_____
Processed by:	_____

RESIDENCE APPLICATION CANCELLATION FORM

This form is for students who have already submitted a Confirmation Fee, but have not moved into Residence. If you are a current resident planning on withdrawing from Residence, please complete a **Request to Withdraw Form**.

Under certain circumstances (as indicated in the **Residence Cancellation Policy**) a refund of a portion or all of your Confirmation Fee is possible.

Submit this form to Residence Services via email to residence@macewan.ca. Supporting documentation explaining the reason for the request must be submitted with the form.

Personal Information

Last Name _____ First Name _____
 Email _____ Phone _____

Cancellation Reason

Please check the category below that most appropriately reflects your reason for cancelling your confirmed application to MacEwan Residence. In addition to submitting any documentation noted below, you must fully complete and sign this form.

- | | |
|---|--|
| <p><input type="checkbox"/> Program Non-Acceptance – Attach a copy of the documentation from the Registrar’s Office.</p> <p><input type="checkbox"/> Acceptance Pending – I still don’t know if I have been accepted into my program and I cannot commit to MacEwan Residence. (Please check off Changing Institutions as well if you have opted to go to school elsewhere.)</p> <p><input type="checkbox"/> Changing Institutions – I have decided to attend another post secondary institution. Please indicate which institution you have opted to attend:
_____</p> <p><input type="checkbox"/> Medical – Attach documentation from a physician stating why you cannot live in an on-campus living environment.</p> <p><input type="checkbox"/> Financial Circumstance – My financial situation (i.e. student loan or sponsorship was not approved) has changed and I can no longer afford to stay in Residence.</p> <p><input type="checkbox"/> Closer To My Campus – I found a place closer to the campus I attend. Please indicate which campus you attend:
_____</p> | <p><input type="checkbox"/> Requested Suite Type – I was not allocated the suite type I had requested. Please indicate your suite preference(s) that were provided upon application:
_____</p> <p><input type="checkbox"/> Roommate Request Declined – I was not placed with my requested roommate(s).</p> <p><input type="checkbox"/> Roommate Opportunity – Friends and/or family members have asked me to live with them off campus. Please check off Cost of Residence as well if you stand to benefit financially.</p> <p><input type="checkbox"/> Cost of Residence – I have found a place that is cheaper than MacEwan Residence. I stand to save an estimated \$ _____ per month.</p> <p><input type="checkbox"/> Academic Challenges – I feel that I will struggle academically while living in Residence. Please indicate whether you plan on living at home or with friends/relatives:
_____</p> <p><input type="checkbox"/> Other - Please specify:
 <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 5px;"></div> </p> |
|---|--|

Signature

By signing below I am officially indicating my understanding of the statement below and I am requesting the cancellation of my confirmed space at MacEwan Residence. I attest that the information I have provided is accurate and complete to the best of my knowledge. I am aware that any refund and/or forfeiture of my Confirmation Fee is in accordance to the Confirmation Fee Refund Policy that was outlined within my original offer letter.

I am aware that I will be notified by Residence Services via email and in writing within ten (10) business days of my submission.

Signature _____ Date _____
DD/MM/YYYY

Residence Cancellation Form FOIP Notice – The information collected on this form is collected and protected under Part 2 of the Alberta Freedom of Information and Protection of Privacy Act. It will be used to manage communications between MacEwan Residence, the applicant and/or their approved representative(s). If you have any questions about this collection or use please contact: MacEwan Residence, 11050 – 104 Avenue, Edmonton, Alberta, T5K 2Y9, telephone (780) 497-4500.

DECISION SUMMARY (To be completed by Housing Manager)

Approved by Housing Manager? Yes No _____
Housing Manager Signature

Student notified in writing on: _____
DD/MM/YYYY

REFUNDS

Full Refund (Eligible) _____

No Refund (Not Eligible) _____