ETSU DEPARTMENT OF HOUSING AND RESIDENCE LIFE
REQUEST TO CANCEL HOUSING/DINING PLAN AGREEMENT FORM

2023-24 Housing and/or Dining Plan Agreements are for fall 2023 and spring 2024 semesters; spring 2024 and summer 2024 are for one semester only. By signing the Agreement(s), the student has agreed to live in University housing and/or participate in the Dining Plan and to pay the applicable monies for the entire term of the Agreement. The Agreement(s) cannot be cancelled merely for the convenience of the student, nor does vacating the premises and/or avoiding use of service release the student from Agreement(s) obligations. Complete both sides of this form.

PRINT FULL LEGAL NAME

DATE _________________________________

LAST NAME ____________________________________________ FIRST NAME ___________________________ MIDDLE NAME/INITIAL ___________________________

CAMPUS INFORMATION

E ___________ / ___________  FR SOPH JR SR GRAD
UNIVERSITY ID #  AREA CODE  CELL PHONE NUMBER  CLASSIFICATION  (Circle One

________________________________________

RESIDENCE HALL/APARTMENT  ROOM #  E-MAIL _____________________________________________@ etsu.edu

HOME INFORMATION

AREA CODE  PHONE NUMBER

STREET  CITY  STATE  ZIP

I am requesting to cancel my Agreement(s) for __FALL 2023  __SPRING 2024  __BOTH

__HOUSING ONLY  __DINING PLAN ONLY  __HOUSING AND DINING PLAN

Will you continue to be enrolled at ETSU? If not, give your reason by checking the appropriate box below. Turn in by January 6th in order to be eligible for deposit refund.

☐ Graduation  ☐ Transferring to (name of school) ________________________________

☐ Not Enrolled  ☐ Withdrawing from ETSU because ________________________________

Agreement release for any of the above is pending verification of student’s non-enrollment for next semester.

☐ Student Teaching (out of town and beyond commuting distance from campus)/Academic Internship (out of town and beyond commuting distance from campus)/Study Abroad: Agreement release is pending documentation from academic department on official letterhead. Student Teaching and Internship must be beyond commuting distance of ETSU

☐ Marriage: Agreement release is pending receipt of the original marriage certificate recognized by the State of Tennessee.
REQUEST FOR EXCEPTION TO THE TERMS OF THE HOUSING AND/OR DINING AGREEMENT. The Housing and Dining Agreements are legally binding documents that you confirmed in agreement with their full terms and conditions. Requests for release in the special exceptions categories below require additional documentation. Documentation alone does not guarantee being released, but it may strengthen your case. It is your responsibility to provide documentation that supports or verifies your reason for requesting an exception. The Appeals Committee looks for substantive changes in your circumstances since signing the Agreement or the last date to cancel the Agreement: July 31, 2023. Appeals will only be accepted until September 17, 2023 for the fall semester, and February 12, 2024 for the spring semester. Appeals submitted without documentation will be denied.

I will be enrolled at ETSU, and I am requesting to be released from my Agreement for the following reason— please check the appropriate box:

☐ Medical: Medical documentation must be submitted to the Office of Disability Services who will determine if any accommodations are appropriate.

☐ Private Room: Student must provide a typed statement of circumstance and documentation to support their situation. If approved, the private room charges will not be removed until the student has been assigned a roommate or reassigned to another room with a roommate.

☐ Move home: Student must provide a typed statement of circumstance and documentation to support their situation. Parents must provide a notarized typed statement supporting the student’s circumstance.

☐ Off-Campus: Student must provide a typed statement of circumstance and documentation to support their situation. Parents or other concerned parties must provide a notarized typed statement supporting the student’s circumstance.

☐ Dining Plan: Generally, there are no exceptions to the Agreement terms and conditions other than medical that require submitting documentation to the Office of Disability Services who will determine if any accommodations are appropriate.

☐ Other—give reason here: __________________________________________________________
Student must provide a typed statement of circumstance and documentation to support their situation. Parents or other concerned parties must provide a notarized typed statement supporting the student’s circumstance.

The appeals process can take 2-3 weeks before a final decision is made. If your appeal is heard by the Appeals Committee, you will be notified of the date, time and place of the hearing. You may attend or have the case heard in your absence. The decision is at the discretion of the Appeals Committee. An email will be sent to your ETSU email account with the Committee’s decision. One level of appeal can be made to the Director of Housing and Residence Life.

By signing below, you certify that you have submitted all necessary documentation in support of your request, and all documentation is accurate and true. Providing false information or the withholding of necessary information is a University violation subject to disciplinary action. You understand that the date of release from the Agreement is determined by the Committee/Director. If you vacate your room/cease using the meal plan during the appeals process, you are subject to any and all charges until/if the Agreement is terminated. If you vacate your room and properly check out before the Agreement is cancelled, you forfeit the right to that room, and you will be re-assigned in University housing and subject to charges until the Agreement is terminated. If you vacate the room and do not properly check out, you will be charged up to the date your absence is determined and verified.

____________________________________  _________________________
STUDENT'S SIGNATURE  University ID Number  Date

TSU is an AA/EEO employer. TBR 250-001-16 .2M  (be sure to complete both sides)