HOUSING & RESIDENCE LIFE

California State University, Los Angeles
The Office of Housing and Residence Life
5300 Paseo Rancho Castilla, Los Angeles, CA 90032
Office: (323) 343-4800 Fax: (323) 343-6465
Email: askhousing@calstatela.edu
Website: www.calstatela.edu/housing

Petition to Cancel License Agreement/Meal Plan Request Form

CANCELLATION REQUEST: All license agreements are for a specific fee period, such as the academic year or the summer semester. After occupancy has begun, a license may request cancellation by submitting to Housing and Residence Life a Petition to Cancel License Agreement request form and by meeting the conditions as specified in the license agreement in the section titled CANCELLATION AFTER OCCUPANCY {Section III.C.4 (Housing) and/or Section III.E.2 (Meal Plan)}

All cancellation requests must include supporting documentation for the reason for which you are requesting the cancellation. Failure to provide supporting documentation will result in a delay of the petition review process. Petition reviews take 1-2 weeks after the request form AND supporting documentation has been submitted. If approved for a housing cancellation you are required to vacate your room and return your assigned keys to The Office of Housing and Residence Life by your expected check-out date. Please know that failure to follow proper check out procedures will result in improper check out charges as well as damage/cleaning charges that apply.

Term: ❑ FALL ❑SPRING ❑SUMMER YR 20_____

❑ Housing and Meal Plan ❑ Housing Only ❑ Meal Plan Only

Last Name:_____ First Name:_____ CIN:_____

Building: ❑ East ❑ West ❑ Bldg. 1 ❑ Bldg. 2 ❑ Bldg. 3 ❑ Bldg. 4 ❑ Bldg. 5 ❑ GEA

Apt #_____ Bedroom: ❑ A ❑ B ❑ C ❑ D Select One: ❑ Double ❑ Triple ❑ Single ❑ Suite Single

Meal Plan: ❑ 10 ❑ 12 ❑ 17 ❑ None

Cell Phone (_____)_____ E-mail _____

REASON FOR REQUESTING CANCELLATION:

❑ Withdraw from the University ❑ Financial Hardship ❑ Graduation ❑ Marriage ❑ Medical ❑ ELP Program Ended

❑ Study Abroad ❑ Other: (Please Specify) _____ (If necessary, attach additional sheet with detailed explanation).

Your Requested Check-out Date: _____ ❑ Never moved-in (have not occupied the space)

Your signature below is agreement and understanding of the terms and conditions of the Petition to Cancel License Agreement/Meal Plan request process.

_____ _____
Student Signature Date

HOUSING AND RESIDENCE LIFE/ACCOUNTING USE ONLY

❑ Approved date ____/____/____ ❑ Denied date ____/____/____ _____
Resource Coordinator of Housing and Residence Life or Designee (Signature)

❑ Expected check-out date ____/____/____ ❑ Financially responsible thru ____/____/____

	Room	Meal Plan	Cancel Fee	Lost Key(s) / Damages	TOTAL
Change from:	$_____	$_____	$_____	$_____	$_____
Change to:	$_____	$_____	$_____	$_____	$_____

Security Deposit refunded:: Yes: ❑ No ❑ ❑ Security Deposit processed ____/____/____. Amount refunded: $ _____

Housing Contract Replaced: Yes: ❑ No ❑ Date replacement contract began: ____/____/____.

Comments:_____

❑Reconciliation Excel ____/____/____ ❑StarRez Applic ____/____/____ ❑ StarRez Booking ____/____/____. ❑StarRez Acct ____/____/____

❑Dept. Email. ____/____/____ ❑UAS MP. ____/____/____ ❑Cashier's ____/____/____ ❑ PPS verification ____/____/____.