

Tuskegee University
Request for Housing Cancellation

Date: ___ / ___ /20___

Name _____ I.D. # _____ Classification: _____

Address _____

Street

(Apt.)

City

State

Zip Code

Contact Number (____) _____ - _____

Parent Name: _____ Parent Contact Number: _____

Briefly state your reason _____

FALL

SPRING

SUMMER

Signature: _____

Please attach:

1. A copy of your Financial Aid Awards Letter

2. Documentation on where you will reside

A. Address

B. Cost

C. Landlord's name & Landlord's phone number.

If approved, you could be subject to a \$750.00 breakage fee, plus any prorated housing cost if applicable. All of the above documentation is needed to process your request, otherwise it will be considered incomplete.

Have you requested a Housing Cancellation before? Yes No

Approved

Disapproved

If approved, parent/legal guardian will be notified.

Housing Official's Signature _____

Office use only

Credit Hours ___ GPA ___

Tuskegee University
Housing/Residence Life
Request for Campus Housing Exemption

Student Name _____
Last First MI

Student ID _____ Date of Birth ____ / ____ / ____ Classification _____

Permanent Address _____
Street Apt#

City State Zip Code

Local Address _____
Street Apt#

City State Zip Code

Telephone# (____) ____ - _____ Realtor Name _____

- Check the box beside the exemption clause that will qualify you for approval to live off campus. Identification and documentation is required. **NO EXCEPTIONS!!!**
- Veteran (military documents, Military identification card DD214)
- Married student (Original Marriage License)
- Single parent head of household (original birth certification, social security card, bill with your name on it)
- Two or more family members attending school from the same household with one person enrolled with **60** credit hours or more at the start of fall semester (Copy of both birth certificate)
- Macon County resident one year prior to enrollment at Tuskegee University (current bill with your name on it and copy of lease)
- Independent students at least 24 years of age, with proof from Financial Aid. (If student is not independent and using federal title four Financial Aid regulations, his/her residency can be established at fall semester upon receipt of proof of parent's residency in Macon County.
- Other _____

Student Signature _____ Date _____

- Approved for the Semester Approved for one year
- With Fee Without Fee With Fee Without Fee

Housing Manager _____ Date _____