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

______________________________ Date ______________
Student signature

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

<table>
<thead>
<tr>
<th>Hall</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barrows Hall</td>
<td>832-1675</td>
</tr>
<tr>
<td>Gallaudet Hall</td>
<td>832-3452</td>
</tr>
<tr>
<td>Seth North Hall</td>
<td>832-0527</td>
</tr>
<tr>
<td>Beecher Hall</td>
<td>832-3439</td>
</tr>
<tr>
<td>James Hall</td>
<td>832-3442</td>
</tr>
<tr>
<td>Sheridan Hall</td>
<td>832-3445</td>
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<tr>
<td>Carroll Hall</td>
<td>832-3469</td>
</tr>
<tr>
<td>Sam May Hall</td>
<td>832-3466</td>
</tr>
<tr>
<td>Vance Hall</td>
<td>832-1680</td>
</tr>
</tbody>
</table>

Office Use Only:
Processed by/Date Processed: __________________________ Last Date of Meal Plan Activity: __________________________