



CANCELLATION OF RESIDENCE

STUDENT NUMBER

STUDENT INITIAL & SURNAME

RESIDENCE

ROOM NUMBER

EFFECTIVE DATE OF CANCELLATION

REASON FOR CANCELLING

NB NOTE:
 *This form must be filled at the residence and must be signed by the Residence Coordinator
 * **Refund will only take place once a replacement student has been found**

I undertake to abide by the Residence Rules and Regulations and the University Financial Policies accept that residence fees are refundable based on the period of occupancy I was registered for, and liable for any outstanding residence fees for the above period of occupancy.

STUDENT SIGNATURE **DATE**

RESIDENCE COORDINATORS SIGNATURE/ **DATE**
BUILDING MANAGER/ RESIDENCE ADVISOR

FOR OFFICE USE ONLY

DATE RECEIVED : **BY** **SIGNATURE**.....

ADMIN. ASSISTANT/ OFFICER **BY** **SIGNATURE**.....
 (DATE CAPTURED)

ADMIN. OFFICER (ADJUSTMENT) **BY** **SIGNATURE**.....

SENIOR ADMIN. OFFICER **BY** **SIGNATURE**.....

HAS THE REPLACEMENT BEEN FOUND **YES** **NO** **DATE:**