

CONESTOGA COLLEGE RESIDENCE WITHDRAWAL REQUEST FORM

Residence withdrawals will not be granted until this form has been received. This form must be submitted to the Front Desk by students **at least 5 business days** before the desired date of withdrawal. Staff will contact the student to follow up with this request. Students are advised to read and review the **Termination and Cancellation section of the Student Residence Agreement (SRA)** prior to submitting this request, which can be found at: conestogac.on.ca/residence. Withdrawals and refunds will be granted in accordance with these policy statements.

STEP 1: PERSONAL INFORMATION

Surname _____ First Name _____ Initial _____

Date (DD/MM/YY) ____ / ____ / ____ Anticipated Date of Withdrawal (DD/MM/YY) ____ / ____ / ____

Mobile / Day Time Phone Number _____ Room Number _____ Student Number _____

Email _____

STEP 2: REASON FOR WITHDRAWAL

Please indicate your primary reason for withdrawing. Select **ONE** choice only. Supporting documentation may be requested.

- | | |
|--|--|
| <input type="checkbox"/> Academics – withdrawing from the College/University | <input type="checkbox"/> Graduating / Program conclusion |
| <input type="checkbox"/> Accepting admittance at another College/University | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Co-Op / Work placement outside of the City | <input type="checkbox"/> Moving off campus |
| <input type="checkbox"/> College/University experience | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Change in Career Plans | <input type="checkbox"/> Residence experience |
| <input type="checkbox"/> Financial – cost of residence, tuition, etc. | <input type="checkbox"/> Other (Explain) _____ |

By signing this form you are indicating that you wish to either: (a) cancel your application to live in residence, or (b) you wish to terminate your residence contract and move out of residence. By signing this form you are also indicating that you have read and understand the SRA and the Termination and Cancellation Policy.

I agree that I have read and understand the SRA and the Termination & Cancellation Policy (DD/MM/YY) ____ / ____ / ____

STEP 3: OVERALL SATISFACTION QUESTIONS

Please indicate your overall satisfaction with your residence experience:

- Very Satisfied Satisfied Neither Satisfied or Dissatisfied Dissatisfied Very Dissatisfied

Please indicate your overall satisfaction with your college experience outside of the residence:

- Very Satisfied Satisfied Neither Satisfied or Dissatisfied Dissatisfied Very Dissatisfied

Is there anything we could do differently to improve your overall satisfaction with your experience in residence or at the College/University?

Is there anything we could do to encourage you (or help you) stay in residence for the remainder of the semester/year?

OFFICE USE ONLY

Withdrawal letter received: (DD/MM/YY) ____ / ____ / ____

Student contacted: Yes No

Date student contacted: (DD/MM/YY) ____ / ____ / ____

Confirmed move-out date: (DD/MM/YY) ____ / ____ / ____

Entry ID Number: _____

Received by (Manager) _____

Refund processed: Yes

Date refund processed: (DD/MM/YY) ____ / ____ / ____

Withdrawal Information Entered into StarRez: Yes