

College of Mount Saint Vincent

Office of Residence Life and Housing

Housing and Meal Plan Cancellation Form

(please print all information clearly)

Last Name:

First Name:

CMSV ID#

Current Residence Hall Assignment: _____

Phone (CELL) Number: _____

CMSV Email Address: _____

Have you already checked in ? YES NO

What semester you are cancelling: FALL SPRING

Permanent Address: _____

Reason for Cancellation:

Graduation

Academics

Financial Hardship

Medical Leave of Absence

Judicial Sanction

Study Abroad/Other _____

Would you like to keep your meal plan? YES NO

(If you don't answer, your meal plan will be cancelled)

Resident Signature: _____ Date: _____

FOR RESIDENCE LIFE USE ONLY:

Number of Days/Weeks completed: _____

Date of Cancellation: _____

Date Rec'd: _____

Keys Collected: _____

Staff Initial: _____

Total Charges to Student: _____