

ANGELO STATE UNIVERSITY  
REQUEST FOR HOUSING DEPOSIT REFUND AND/OR APPLICATION CANCELLATION  
ACADEMIC YEAR

NAME: \_\_\_\_\_ CID/SSN: \_\_\_\_\_  
(Last) (First) (MI)

PERMANENT ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

CURRENT HALL & ROOM NUMBER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(N/A if not applicable) (Number you may be reached at)

I am requesting a refund/cancellation for the following academic year: \_\_\_\_\_ (i.e. 2008-09, 2009-10)

**Note: The deadline to submit a written request for a Housing Deposit Refund is July 15<sup>th</sup>. Request for Deposit Refund received after July 15<sup>th</sup> will result in forfeiture of the deposit.**

I am requesting a cancellation of my housing application and/or a refund of my housing deposit for the following reason (choose one):

- |   |   |
|---|---|
| <input type="checkbox"/> Not enrolling for classes at ASU | <input type="checkbox"/> 21 years of age or older prior to the start of the academic year       |
| <input type="checkbox"/> Graduating May/August            | <input type="checkbox"/> 60+ earned credit hours prior to the start of the academic year        |
| <input type="checkbox"/> Enrolling for less than 12 hours | <input type="checkbox"/> Lived in ASU University-owned housing for 4+ continuous long semesters |

**Categories listed below require that you complete and submit an EXEMPTION PACKET by August 1<sup>st</sup>.**

- Residing with parents, grandparents, or sibling at their full-time established residence while enrolled at ASU.
- Marriage (you must supply us with a copy of the marriage license once it has been filed at the courthouse)
- Financial hardship directly related to living in the residence halls
- Medical condition directly related to living in the residence halls
- 6 months active duty military service
- Special Circumstances: General or Transfer Student

Exemption packet issued: (Student's Initials) \_\_\_\_\_ (Office Staff Initials) \_\_\_\_\_ (Date) \_\_\_\_\_

**Submission of this portion of the request DOES NOT guarantee approval of off-campus residency. The information provided will be verified. Off-campus housing arrangements should not be made until you have received WRITTEN notice of release from the Office of Residential Programs.**

I understand that before an exemption is granted and/or before a refund is processed the following conditions must be met:

1. The information provided must be verified. I may be required to provide additional documentation.
2. If the contract release is approved and I am a current residential student, I must schedule a check out time with my RA or Area Coordinator and properly check out of my room and return all keys issued. Failure to complete this procedure could result in the loss of the deposit and additional charges being assessed.

--- **The University is not obligated to provide housing after an exemption is authorized.** ---

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Today's Date

**For Office Use Only**

DOB: _____	SOAHOLD _____
Hours Earned/Currently Enrolled: _____	Application on File: No / Yes
Number of Semesters on Campus: _____	Request: Approved / Denied
Student Status: _____ Room Assgn _____	_____ Authorized Signature Date

*The information you have supplied on this form is maintained by the University.  
You have the right to review and correct this information by contacting the Office of Residential Programs.*