Student Financial Aid



## **HIU Housing Agreement Cancellation or Revision**

2500 E. Nutwood Ave. Fullerton, CA 92831 (714) 879-3901 FAX (714) 681-7423

and the second s	
Name	Date
Email Address	Student ID #
Phone	MOVE OUT DATE
No cancellations or revisions will be m	ade after the FIFTH WEEK of the semester.
Upon approval of the "this Housing Cancellation/Revision form" fron refund schedule listed:	n, the resident's financial account shall be credited in accordance with the
100% petitions for cancellation/revision subn	nitted before the beginning of the semester
90% petitions for cancellation/revision submi	tted during week 1 of the semester
60% petitions for cancellation/revision submi	tted during week 2 or 3 of the semester
30% petitions for cancellation/revision submi	tted during week 4 or 5 of the semester
0% petitions for cancellation/revision submit	ted after week 5 of the semester
HOUSING CANCELLATION	
Please check one	
☐ Cancellation during semester ☐ Cancellation at end of sen	nester
ROOM TYPE: (check one) $\square$ Quad $\square$ Double $\square$ Single	
MEAL PLAN: (check one)	60 □ Block 80 □ Block 60 □ Block 30
HOUSING REVISION	
If you are revising your room type and/or meal plan please mark you are only changing one option ( <i>i.e. either your room type or meal plan</i>	ur current situation followed by the new option you are requesting. If you o) leave the unchanged option blank.
Current Room Type:	New Room Type:
Current Meal Plan:	New Meal Plan:
Student Signature:	
FOR OFFICE USE ONLY	
Housing Department Signature:	
ELIGIRI E EOD HOUSING DEDOSIT DEELIND: (chack one)	n □ No □ Partial Pofund