



**LICENSE AGREEMENT CANCELLATION
REQUEST FORM**
MIDDLE TENNESSEE STATE UNIVERSITY

Date: _____ MTSU Email: _____

Name of Applicant: _____ M#: _____
Please Print, Last Name First

Residence Hall: _____ Room Number: _____

MTSU P.O. Box Number: _____ Cell Phone Number: _____

All communications are sent to MTSU email accounts exclusively.

I request cancellation of my MTSU Housing License Agreement and understand that a request does not constitute approval. Only the License Agreement Cancellation Committee is authorized to recommend release from the license agreement. I request this release to be effective: _____ Term: _____

Effective Date: _____, for the following reason: (Please check only one)

TERMS FOR RELEASE:

- | | |
|---|--|
| <input type="checkbox"/> Graduation | <input type="checkbox"/> Withdrawal from the University |
| <input type="checkbox"/> Academic Internship
(Requires written verification from your College/Internship site
and proof that distance is sufficient to pose a significant hardship) | <input type="checkbox"/> Transferring to another college/university
Please specify: _____ |
| | <input type="checkbox"/> Not attending School |

REQUEST FOR EXCEPTION TO THE TERMS FOR RELEASE:

Requests for release in the special exception categories ALL requires additional documentation; NO ADDITIONAL DOCUMENTATION, NO CONSIDERATION

- _____ **Extenuating Health Concerns.** These health concerns must apply exclusively to the student EXCEPT where the family member is part of our Family Housing Unit. A letter from a registered primary physician attending that condition must accompany this request verifying a change in medical condition which requires that the student move off campus. Your independent physician may document claims of medical conditions, however, our school physician must validate changes in condition.
- _____ **Financial Hardship.** Evidence of a **significant change** in financial situation from the time the License Agreement was signed until the present date must accompany this request. In addition, if the student is planning to move home, a letter from the parent/guardian confirming that the student will be living in their home is also required along with proof of residence location. Commuting distance is subject to review.
- _____ **Marriage/Change in Composition of Family Unit.** Changes in marital status and/or family unit of the student are subject to review and the student is required to provide appropriate documentation within 30 days of the event.
- _____ **Other.** (Please attach supporting documentation and a written explanation, if appropriate.)

All information on this form is true and complete to my knowledge. I understand that falsification of information can lead to my petition being denied. I understand that this is only a request and needs to be approved in writing if I am to be financially released from my License Agreement. (This form must be filled out completely for consideration, or it will not be considered for release.

Student's Signature

Date



GUIDELINES FOR LICENSE AGREEMENT CANCELLATION REQUEST MIDDLE TENNESSEE STATE UNIVERSITY

The Housing License Agreement is for the full academic year which includes both fall and spring terms. There is no requirement for Housing and Residential Life to allow cancellation of the License Agreement outside the terms outlined within the License Agreement. You will find a copy of this agreement at: www.mtsu.edu/housing; click on Applications and Forms. Housing and Residential Life considers only those applicants for release who have submitted appropriate documentation. Please consult the License Agreement for additional information.

1. Please read this entire document, and if you feel you have a legitimate request, complete, in full, the required forms along with any supplemental information or documentation that will support your claim. **Documentation should be very thorough, accurate, demonstrate a recent change in condition, and specifically address your claim.** By claiming Financial Hardship you are authorizing a review of confidential information regarding your Financial Assistance. Claims regarding Extenuating Health Concerns must refer to the personal health of the student and not those of a family member except where that family member is part of our Family Housing Unit. By claiming Extenuating Health Concerns, you are authorizing a review of confidential health information. Preexisting conditions alone will not be considered. Your claim must indicate a substantial change in that condition. Your independent physician may document claims of medical conditions; however our school physician must validate your claim of change in that condition.
2. *Requests received after posted deadlines may not be processed until the Spring Semester.*
3. Refund Schedule: Please refer to www.mtsu.edu/bursar for refund dates and applicable 75% - 25% amounts for releases that happen during the semester. Refunds of the \$150.00 Spring prepayment are considered only for those students with approved requests which are submitted prior to deadline stated in Housing License Agreement.
4. Release requests will generally be reviewed by the License Agreement Cancellation Committee, which is comprised of both students and administrators. You will be notified of their decision in writing to your MTSU email account ONLY.
5. If your request is submitted following the second of three License Agreement Cancellation Committee meetings, you must be prepared to pay ALL REQUIRED Spring fees by the deadline or your classes will be purged. If the Committee finds in your favor, your student account will be adjusted to reflect a change in status based on the date of decision.
6. The decision of the License Agreement Cancellation Committee is final. Any request for appeal must be accompanied by new, additional and not previously reviewed documentation. Appeals not accompanied by additional, different documentation will not be considered. All requests for appeal need to be submitted to KUC 300 **within 10 days of notification of your request being denied.** There is no formalized departmental appeal beyond this final review.
7. I have read and understand the above stated guidelines. This request cannot be processed without a student signature.

Student's Mnumber

Hall / Room Number / Cell Phone number

MTSU P. O. Box Number: _____

MTSU Email: _____

Student Signature

Date

CATEGORIES FOR RELEASE

MIDDLE TENNESSEE STATE UNIVERSITY

The MTSU Student Housing License Agreement is for the **Full Academic Year to include both the fall and spring terms**. If you wish to be considered for release from the License Agreement, you must meet one of the conditions listed in the License Agreement or must document circumstances sufficient for the granting of a special exception. Categories may include:

A. GRADUATION

Housing and Residential Life must verify official graduation and no engagement in future academic pursuits at MTSU which fall within the term of release. Adjustments to student accounts must come following late registration for the term of release.

B. ACADEMIC INTERNSHIP/OFF CAMPUS ACADEMIC EXPERIENCE

Your college/Internship site must provide the location, duration and verification of the internship.

You are required to submit this verification with your request. Release is granted only if distance to the internship site is sufficient such that living on campus would pose a significant hardship.

C. WITHDRAWAL FROM THE UNIVERSITY

Student must have obtained an Official WITHDRAWAL from the University before any financial adjustments can be made.

D. TRANSFERRING TO ANOTHER COLLEGE/UNIVERSITY

Student plans to attend school next semester at another college or university. **Adjustments to student accounts must come following late registration for the term of release.**

E. NOT ATTENDING SCHOOL

Student has no plans to attend this or any other school at this time. **Adjustments to student accounts must come following late registration for the term of release.**

F. EXTENUATING HEALTH CONCERNS - SPECIAL EXCEPTION

These health concerns must apply exclusively to the student EXCEPT where the family member is part of our Family Housing Unit. A letter from a registered primary physician attending that condition must accompany this request verifying a change in medical condition which requires that the student move off campus. Your independent physician may document claims of medical conditions; however, our school physician must validate changes in condition. You will need to demonstrate that Housing and Residential Life is not able to provide any accommodation on campus that would alleviate the condition, and both the medical condition and the need to move off campus must be verified, in writing by a physician.

G. FINANCIAL HARDSHIP - SPECIAL EXCEPTION

You will need to demonstrate that there has been a significant change in your financial situation, or the situation of any other(s) supporting you, from the time the License Agreement was signed to present. Documentation supporting this change MUST be provided with your request. In addition, if the student is planning to move home, a letter from the parent/guardian confirming that the student will be living in their home is also required along with proof of residence location. Commuting distance is subject to review.

H. MARRIAGE AND/OR CHANGE IN COMPOSITION OF FAMILY UNIT

Marriage and/or a Change in Family Unit (i.e. divorce, separation, is no longer a custodial parent) may NOT qualify as a condition for release from the license agreement; however, it may qualify the student for assignment change provided alternate assignment locations are available. This exception category is subject to review and Student is required to provide appropriate and legal documentation within 30 days of the event.

Documentation can consist of any materials that you feel adequately supports your claims. This documentation must accompany your formal request for release. The License Agreement Cancellation Committee will consider written documentations only.

If the request for release falls within the term, no rent refund will be issued if a student's request for release from the license agreement is made after the end of the 25% refund period.