Cancellation of Housing Reservation
Department of Housing and Residence Life
Marshall University

Student Name: (please print) ________________________ ID#: _____________

Current Assignment Residence Hall: ________________ Room #: __________

Email Address: _____________________________________________________

I WISH TO CANCEL MY ROOM RESERVATION FOR:

___ Academic Year 20____ - ____
___ Fall Semester 20____
___ Spring Semester 20____
___ Summer ___ Intersession ___ Session II ___Session III 20____

I am cancelling my housing:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(Use back of form if needed)

By signing on this document, I acknowledge that the above information is correct, and that I am aware of the Residency Requirement:

All freshman and sophomore students must live in a University residence hall unless they reside with their parents and commute from a parents’ residence during the academic year, or are married, or are 21+ years of age.

Student Signature: ____________________________ Date: _______________

Return completed form to: Marshall University, Department of Housing and Residence Life, One John Marshall Drive, Huntington, WV 25755-5400. Phone: 304-696-6765.