

# Durham College/Ontario Tech University Residence Withdrawal Request Form

Residence withdrawals will not be granted until this form has been received. This form must be submitted to the Front Desk by students at **least 5 business days** before the desired date of withdrawal. Staff will contact the student to follow up with this request. Students are advised to read and review the **Termination and Cancellation section of the Student Residence Agreement (SRA)** prior to submitting this request, which can be found at: [www.durhamresidence.ca](http://www.durhamresidence.ca), [www.ontariotechuresidence.ca](http://www.ontariotechuresidence.ca), or [www.trentudurhamresidence.ca](http://www.trentudurhamresidence.ca). Withdrawals and refunds will be granted in accordance with these policy statements.

## STEP 1: PERSONAL INFORMATION

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Date      /      /      Anticipated Date of Departure      /      /      Student Number \_\_\_\_\_  
MM DD YY MM DD YY

Mobile Number \_\_\_\_\_ Room Number \_\_\_\_\_ Email \_\_\_\_\_  
(country code) (area code)

Please return my deposit (less any outstanding fees) to the below address. **NOTE:** A \$25.00 administration fee will be levied for cheques that need to be reissued due to incorrect mailing information.

Street Address \_\_\_\_\_ Apt/Unit \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

## STEP 2: REASON FOR WITHDRAWAL

Please indicate your primary reason for cancelling/withdrawing. Select **ONE** choice only. Supporting documentation may be requested.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Academics – withdrawing from the College | <input type="checkbox"/> Co-Op / Work placement outside of the City  | <input type="checkbox"/> Moving off campus    |
| <input type="checkbox"/> Accepting admittance at another College  | <input type="checkbox"/> Financial - cost of residence, tuition, etc | <input type="checkbox"/> Personal             |
| <input type="checkbox"/> Change in Career Plans                   | <input type="checkbox"/> Graduating / Program conclusion             | <input type="checkbox"/> Residence experience |
| <input type="checkbox"/> College experience                       | <input type="checkbox"/> Medical                                     | <input type="checkbox"/> Other: _____         |

By signing this form you are also indicating that you have read and understand the SRA and the Termination & Cancellation Policy.

I agree that I have read and understand the SRA and the Termination and Cancellation Policy Date      /      /       
MM DD YY

## STEP 3: OVERALL SATISFACTION QUESTIONS

Please indicate your overall satisfaction with your residence experience:

- Very Satisfied     Satisfied     Neither Satisfied or Dissatisfied     Dissatisfied     Very Dissatisfied

Please indicate your overall satisfaction with your College experience outside of the residence:

- Very Satisfied     Satisfied     Neither Satisfied or Dissatisfied     Dissatisfied     Very Dissatisfied

Is there anything we could do differently to improve your overall satisfaction with your experience in residence or at the College?

Is there anything we could do to encourage you (or help you) stay in residence for the remainder of the semester/year?

## OFFICE USE ONLY

Withdrawal letter received:      /      /      Received by (Manager) \_\_\_\_\_  
MM DD YY

Student contacted:  Yes  No Refund processed:  Yes

Date student contacted:      /      /      Date refund processed:      /      /       
MM DD YY MM DD YY

Confirmed move-out date:      /      /     

Entry ID Number: \_\_\_\_\_ Withdrawal Information Entered into StarRez:  Yes