Withdrawal Request
Apartment, Suites and Private Rooms

Last Name: ___________________________  Given Name: ___________________________
(Please Print)  (Please Print)

UW Student ID #: ______________________  Unit #: ________  Term: ________________

Reason for Requested Withdrawal:

________________________________________________________________________________

________________________________________________________________________________

Supporting Documentation provided:

________________________________________________________________________________

________________________________________________________________________________

Requested Move Out Date: ________________________________

________________________________________________________________________________

Resident Signature  Date Submitted

For Office Use Only:

Notes:

________________________________________________________________________________

________________________________________________________________________________

Date Received: ___________________________  Withdrawal Fee: ____________________________

Notice of Termination sent to Tenant: ________

Notified: ________ GDI  Confirmed Contract Termination Date: ___________________________

_______ RLS

_______ Chef  Date Contacted Chef:

________________________________________________________________________________

STP – Approval Signature  Date of Approval