

## Withdrawal Request Apartment, Suites, and Private Rooms

Last Name:	Given Name:	
(Please Print)		(Please Print)
UW Student ID #:	Room#	Term:
Requested Move Out Date:		
Reason for Requested Withdrawal:		
Supporting Documentation provided:		
I understand that the granting of withdrawals a approval.	are at the discretion o	f the College and require College
Updated address for mailing refund:		
	_	Date Submitted
For Office Use Only:		
Notes:		
Date Received:  Notice of Termination sent to Tenant:	Withdrav	val Fee:
	d Contract Terminatio	n Date:
RCLM Chef Date Contacted	Chef:	
UTD – Approval Signature	<u> </u>	Date of Approval