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| **Liverpool Hope University Accommodation Office****Application to Terminate an Accommodation Contract** |

Please note that if this application is successful an early termination fee will apply, this will be 6 weeks rent calculated from either the date of de-registration from the University (if applicable); or the date the room is vacated and keys surrendered to the University, whichever is later (see the full Termination Policy for more details).

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| Student Name |
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| Student ID |
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| Room number and Hall |
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| Contact number and email address |
| Mobile:Email: |

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| --- |
| Course |
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| Are You; |
| * Withdrawing from University
* Interrupting your studies
* Deferring your entry
* Other please specify
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| Please describe, in your own words, why you wish to terminate your accommodation contract |
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| Have you spoken to…  |
| Tick if any apply:* your faculty academic advisor
* your Senior Resident Tutor
* Finance/Student Fund team
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| Please tell us what evidence is included to support your application (if any) |
| Tick if any apply:* copy of Registry Withdrawal form
* letter from a GP or consultant
* other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
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| Please supply the address where you will be living after you leave Halls |
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| Signature |
| I wish to terminate my Accommodation Contract and I understand my legal obligations under the contract and the provisions of the Termination PolicySigned: Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ |