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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 Policy  Signed:  Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ |