Early Departure Form

This form is only for residents who wish to break their accommodation contract.

1. You **MUST** complete and sign this form and attach relevant supporting documentation as soon as you are aware of your impending departure - otherwise the request and any subsequent refund may be delayed.
2. Once completed, **please return the form with the *relevant supporting documentation to your current ANU Residence for consideration**.

Please circle your current ANU Residence:

Fenner Hall / **Toad Hall** / **Bruce Hall** / **Burton & Garran Hall** / **Ursula Hall**

Details Required *Please print clearly*:

Family Name: _____ **Given Name:** _____

Room:_____ **Student ID:** U_____

Email: _____ **Mobile:** _____

My current Occupancy Agreement terminates on _____ / _____ / _____
dd *mm* *yyyy*

I wish to advise that it is my intention to leave my current ANU Residence on _____ / _____ / _____
dd *mm* *yyyy*

Please tick applicable boxes and provide *relevant supporting documentation otherwise your request may be delayed:

☐ I am an Undergraduate student **OR** ☐ I am a Graduate student

Reason for leaving: **AND**

☐ I have completed my course at the ANU, or
☐ I am withdrawing from study at the ANU, or
☐ I am deferring from study at the ANU, or
☐ I will continue to be an enrolled student at the ANU, and/or
☐ Other - There are extenuating circumstances *(Please attach a written explanation/evidence)*

Reason: _____

I understand that any non-refundable fee paid to accept my place at the above residence will **NOT** be returned to me and I may be charged a Cancellation Fee for breaking my Occupancy Agreement. In addition, I understand I may be required to pay as per my Occupancy Agreement until my room is filled and any credit balance will be refunded after the agreed contract termination date.

** Relevant supporting documentation may include but is not limited to, a letter from an academic advisor, ANU Show Cause correspondence, ANU Advice of course cancellation, medical certificate or doctors letter, other evidence of circumstances requiring contract cancellation.*

Signature: _____ Date: _____ / _____ / _____

ADMINISTRATION USE ONLY Date Received: _____

ADMINISTRATION MANAGER:
Outstanding Fees: YES / NO Outstanding Amount: $_____
Comments:_____
Signature: _____ Date: _____ / _____ / _____

HEAD OF RESIDENCE APPROVAL:
Broken Occupancy Agreement? YES / NO Charge Cancellation Fee ($300) YES / NO Pays Rent Until: _____
Justification:_____
Signature: _____ Date: _____ / _____ / _____

ACCOM. SERVICES REVIEW: YES / NO
Name: _____ Signature: _____ Date: _____ / _____ / _____
❑ Scan and email to relevant residence on ___ / ___ / ___

RESIDENCE OFFICE: Completed by:_____ Date: _____ / _____ / _____
❑ Altered Check-Out date in StarRez on ___ / ___ / ___ ❑ Place note in StarRez
❑ Email applicant of outcome on ___ / ___ / ___ and attached Refund of Room Deposit and copy of Room Inventory Report
❑ Paid Cancellation Fee, comments _____
❑ Place/Amend StarRez charge accordingly ❑ Forward paperwork to Administration Manager