University of Louisiana at Monroe

NOTICE OF HOUSING CANCELLATION

TO: WIDS Office

DATE: _____

FROM: Residential Life

_____ Staff Initials
_____ Date Received
_____ Bldg. _____ Rm.

RE: _____
Resident Last Name First Name

_____
CWID Number

_____
Reason for Cancellation

The above referenced student has **CANCELLED** his/her housing accommodations and **WILL NOT** be residing on campus for the following semester (check one):

❑ Fall____ year ❑ Spring____ year ❑ Summer I____ year ❑ Summer II____ year

_____
Resident Signature

ULM-88166 (Rev. 1/12)

White-SACS
Yellow-Residential Life