University of Louisiana at Monroe
NOTICE OF HOUSING CANCELLATION

TO:  WIDS Office

DATE:  ______________

FROM:  Residential Life

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