



CONTRACT CANCELLATION REQUEST

For Office Use Only

- Cancellation request approved
- Adjustment of fees approved
- Cancellation request denied
- Adjustment of fees request denied
- Cancellation request under advisement

STUDENT INFORMATION:

_____ Student Name	_____ G-number	_____ Date
_____ Cell Phone	_____ Residence Hall	_____ Room #
_____ Off-campus street address	_____ City, State	_____ Zip Code
_____ Credit hours completed at MWSU	_____ Semester(s) requesting cancellation (Fall, Spring or Summer)	_____ Are you registered for MWSU classes for the next semester?

REASON FOR CANCELLATION REQUEST (please select category)

- I am a first time resident and have not occupied my residence hall room
- I am a returning resident and have not occupied my residence hall room
- I am graduating from Missouri Western State University
- I am transferring to another University/College
- I am withdrawing from Missouri Western State University
- I am not in good academic standing with the University
- I am enrolled in the Military and I have attached my active orders
- I am married and I have attached a copy of my marriage certificate
- I am canceling due to health reasons and I have attached a statement and supporting medical documentation
- I am canceling due to financial reasons and I have attached a statement and supporting documentation
- I am canceling due to other reasons and I have attached a statement and supporting documentation

Request For Adjustment of Fees: Students may request a waiver or adjustment to the remaining 50% cancellation fee. Students requesting an adjustment of fees must include additional documentation to support their request in the form of a letter and any appropriate documentation. Adjustment of fee decisions are determined by the Contract Cancellation Committee. Students will be notified by Missouri Western email of the committee decision. Decisions of the Committee can be appealed to the Dean of Students. If fee adjustment is approved, housing and dining charges will be prorated based on the date of check out. See Terms and Conditions #6 for details.

- I am requesting an adjustment of fees and I have included an additional letter and documentation to support this request

Student Signature

Date

Missouri Western Email Address @missouriwestern.edu

G-number

Please see Terms and Conditions for Cancellation Policy details

Turn in form to The Commons Building Front Desk