

UNIVERSITY COLLEGE DUBLIN  
STUDENT RESIDENCES



**APPLICATION TO CANCEL ON-CAMPUS ACCOMMODATION**

UCD Student No. (if applicable)	School/College (Faculty)	Programme of Study	Student Status at time of Occupancy e.g. 5 <sup>th</sup> Year, Masters, etc.

**PERSONAL DETAILS**

Surname \_\_\_\_\_ First Names \_\_\_\_\_  
Permanent/Home Address \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_ Home: \_\_\_\_\_  
\_\_\_\_\_ Mobile : \_\_\_\_\_  
E-mail: \_\_\_\_\_@\_\_\_\_\_

**ACCOMMODATION ALLOCATED**

Residence	Room No. (if Applicable)

**REASON FOR CANCELLING ACCOMMODATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In accordance with the Licence to Reside, I understand that by cancelling my room the UCD Residences cancellation policy applies and I will be liable for any residential fees owing while the room is unoccupied including full residential fees if the room is not rebooked.

I understand that any outstanding fees on my account will result in a financial hold preventing me from booking further on campus accommodation until the balance has been paid.

Signature \_\_\_\_\_ Application Date \_\_\_\_\_

***Please email immediately to [residences@ucd.ie](mailto:residences@ucd.ie)***

**OFFICE USE ONLY**

Date Request and Documentation Received \_\_\_\_\_ Received By \_\_\_\_\_  
Deposit Refund Amount: \_\_\_\_\_