

## University College Dublin Residential Services

## **Application to Cancel On-Campus Accommodation**

Application to be submitted 28 days before departure of accommodation.

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UCD Student Num	nber	School/College (Faculty)	Programme of Study	Student Status (e.g. 3 <sup>rd</sup> year/Masters)
Personal Details				
Surname:			First Name(s):	
Permanent/Home Address:			Contact Details	
			Home:	
			Mobile:	
Email:				
ccommodation A	lloca	ted		
Residence			Apartment & Room Number	
Reason for Cancel	ling A	Accommodation		
be liable to pay the Lice	ence Fe lation F	e to Reside, I understand that by cancel re and any and all associated charges up Form, and that any outstanding fees on lation until the balance has been paid.	n to the end of the 28-day notice period	or such longer period of notice
Date of Submission	on of	Form:		
Date of Intended	Depa	rture from Residence:		
(28 days after date o	f subn			<del></del>
Signature:				
Office Use Only	Date Received:		Received By:	
	Deposit Refund Amount:			

This form should be emailed to <u>residences@ucd.ie</u>. You must also visit the Village Office on the date of departure to officially check you out from the booking system.