



THE FRANCISCAN UNIVERSITY OF NEW JERSEY

Office of Residence Life  
1 Felician Way  
Rutherford, NJ 07070

## Housing Withdrawal Form

Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Email: \_\_\_\_\_

Residence Hall: \_\_\_\_\_ Suite: \_\_\_\_\_ Room: \_\_\_\_\_

Date of Withdrawal Request: \_\_\_\_\_

Reason for Withdrawal:

Financial       Commuting       Withdrawal from College

Transfer       Study Abroad

Other \* please specify \_\_\_\_\_

\_\_\_\_\_  
Student Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Residence Life Staff Signature

Date: \_\_\_\_\_

### FOR OFFICE USE ONLY:

- Received keys and signed key card - ORL Staff: \_\_\_\_\_ Date: \_\_\_\_\_
- Received signed Room Condition Report (RCR) - ORL Staff: \_\_\_\_\_ Date: \_\_\_\_\_
- Checked room and suite for belongings and excess trash - ORL Staff: \_\_\_\_\_ Date: \_\_\_\_\_
- Submitted work order for room/ suite to be cleaned - ORL Staff: \_\_\_\_\_ Date: \_\_\_\_\_
- Removed housing and meal plan from Datatel - ORL Staff: \_\_\_\_\_ Date: \_\_\_\_\_