



DATE: _____

2022-2023 Residence Withdrawal Form

Brief reason for residence withdrawal:

I am withdrawing for a medical reason and will submit medical documentation within 30 days.
(Please check box if applicable)

Last Name: _____

First Name: _____

Email: _____

UVic Student ID V#: _____

Building & Room #: _____

Phone #: _____

Departure Date: _____

By 11:00 am

Residence Services staff member you spoke with *(if applicable)*: _____

Forwarding Address: If you are due to receive a refund, it will be mailed to the address you have listed on your [UVic Online Tools](#).

By submitting this form you acknowledge that:

- 1) You have read and understood the cancellation policy as outlined in the Residence Withdrawal Information Guide and Residence Contract. The cancellation policy is located in section 5.1 of Schedule B in the 22-23 Residence Contract.
- 2) Your room must be vacated by 11:00 am on the indicated departure date and Residence Services will take immediate possession of the room.
- 3) Your Residence Meal Plan (ONECard) will no longer be active by 11:00 am on the indicated departure date.

Student Signature: _____

