



## Student and Accommodation Services

### REQUEST TO BE RELEASED FROM ACCOMMODATION AGREEMENT

Please note that the Accommodation Agreement you entered into with the University of Wollongong is a legally binding contract. This request, including all attached supporting documentation is subject to approval by the Associate Director, Student Residence, of Student and Accommodation Services Division (or their nominated representative). Notification of the status of your request will be sent to your uowmail email address within (10) ten business days of receipt of this application, provided sufficient and appropriate documentation has been submitted.

<b>Full Name:</b>	<input type="text"/>		
<b>Student Number:</b>	<input type="text"/>	<b>Proposed Departure Date:</b>	<input type="text"/>
<b>Residence:</b>	<input type="text"/>	<b>Unit/Room Number:</b>	<input type="text"/>

**TABLE A:** No longer an enrolled student of the University of Wollongong, Wollongong University College or other educational institution. As per section 10.1.5 of the Accommodation Agreement the Resident may terminate this Agreement by giving the University **14 days'** notice of the Resident's intended date of departure.

Reason for Release	Supporting Documentation Required
<input type="checkbox"/> Study Abroad / International Exchange	Official letter from the Office of Global Student Mobility indicating acceptance into the Study Abroad Program and/or an acceptance letter from the Host University.
<input type="checkbox"/> Graduation / Completed Course	Confirmation of graduation/completed course (Printed copy of your UOW Enrolment Record). If graduation/course completion is subject to pending outcome of an application to Graduate, the request to be released will also be pending and subject to the outcome of the Application for Graduation.
<input type="checkbox"/> Leave of Absence/ Withdrawal from UOW	Confirmation (Printed copy of your UOW Enrolment Record) indicating changed study status.
<input type="checkbox"/> Transfer to other University/ UOW Campus	Confirmation (Printed copy of your UOW Enrolment Record) indicating changed study status.

**TABLE B:** On the basis of exceptional circumstances, the University may, in its discretion agree to alternative arrangements under clause 10.2.2 of the Accommodation Agreement. If approved, a minimum of **28 days'** notice applies. A meeting with the Deputy Student Residence Manager (or delegated authority) is required prior to forwarding this request and associated supporting documentation to the Associate Director, Student Residence, of Student and Accommodation Services for consideration.

<input type="checkbox"/> Financial	Any other information/documentation that demonstrates significant and unforeseen circumstances that have arisen since entering into your Accommodation Agreement with the University of Wollongong.
<input type="checkbox"/> Medical	Medical/Health Assessment Form to be completed by treating Health Practitioner.
<input type="checkbox"/> Other	Any other information/documentation that demonstrates significant and unforeseen circumstances that have arisen since entering into your Accommodation Agreement with the University of Wollongong.

#### Resident Declaration

- I declare that the information contained within this application is true and correct to the best of my knowledge.
- I provide consent for my Next of Kin, Health Practitioner or any other persons who have signed-off on the attached supporting documentation to be contacted by Student and Accommodation Services staff in respect of this application.
- The decision making in relation to any exercise of discretion under the Accommodation Agreement is confidential, and I agree not to disclose the decision to any third party.

**Signed by Resident:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Accommodation Services Staff Use Only**

**TABLE A**

**Manager Approval:**

- I APPROVE the request with an end date of:

Signed & Dated: \_\_\_\_\_

- I DO NOT APPROVE the request for the following reasons:

**TABLE B**

**Manager recommendation for Associate Director, Student Residence Approval:**

- I have met with the resident and **RECOMMEND** the request to the Associate Director, Student Residence, with an end date of:

Signed & Dated: \_\_\_\_\_



**Associate Director, Student Residence Approval:**

- I APPROVE the request:

Signed & Dated: \_\_\_\_\_

- I DO NOT APPROVE the request for the reasons emailed to the referring manager:

Signed & Dated: \_\_\_\_\_

**StarRez**

- Resident Notified of Decision via email
- Booking Dates amended
- Account Adjustments made

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_