

Jardine Apartments and Off-Campus Meal Plan Cancellation Form

If you cancel this agreement prior to the end of the fall semester, there is a \$50.00 cancellation fee.

I, (print name) _____, request cancellation of the Jardine Apartments and Off-Campus Meal Plan. Please note the reason for cancellation below.

Student Signature _____ Date _____

WID _____

Address to Send Refund _____

Reason for cancellation (circle the appropriate reason and briefly describe, if necessary):

- Moving to Residence Halls/Smurthwaite House (no cancellation fee)
- Moving to Greek Housing
- Not Attending Any Institution of Higher Education
- Attending Another Institution of Higher Education
- Other _____

Mail to: Housing and Dining Services, K-State, 104 Pittman Bldg, Manhattan, KS
66506-4601