

# GRADUATE STUDENT HOUSING

## REQUEST TO VACATE

Graduate students requesting to vacate Graduate Student Housing should complete and return this form to [graduatestudenthousing@berkeley.edu](mailto:graduatestudenthousing@berkeley.edu). Submitting this form does not guarantee that your request will be granted. Please provide supporting documentation that shows your change in status, such as marriage, domestic partnership, pregnancy, fall graduation, or withdrawal, that occurred after accepting your housing agreement.

NAME: \_\_\_\_\_ STUDENT ID #: \_\_\_\_\_  
GENDER IDENTITY: \_\_\_ Woman \_\_\_ Man \_\_\_ Non-Binary Different Identity: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_

### CURRENT LOCATION

Ida Jackson House      Intersection Apartments      Manville Apartments  
xučyun runway Apartments      Apartment #: \_\_\_\_\_      Room #: \_\_\_\_\_

### REQUESTED CANCELLATION DATE

Date you are requesting to vacate: \_\_\_\_\_

### REASON FOR CANCELLATION REQUEST

- |   |   |
|---|---|
| <input type="checkbox"/> Marriage or Domestic Partnership | <input type="checkbox"/> Medical                    |
| <input type="checkbox"/> Accepted a Family Housing Offer  | <input type="checkbox"/> Pregnancy                  |
| <input type="checkbox"/> Apartment-mate Conflict          | <input type="checkbox"/> Visa-related Complications |
| <input type="checkbox"/> Fall Graduation                  | <input type="checkbox"/> Internship                 |
| <input type="checkbox"/> Alternate Housing Found          | <input type="checkbox"/> Withdrawal                 |
| <input type="checkbox"/> Financial Constraints            | <input type="checkbox"/> Other: _____               |

### SIGNATURE (REQUIRED BELOW)

I understand that I am financially responsible for the duration of my housing agreement unless a cancellation is approved by UC Berkeley Housing. (Note: under most circumstances an eligible replacement must sign a housing agreement for your apartment. A current university housing resident can not be a replacement since they already have a housing agreement.)

I understand I am bound by the housing agreement for at least thirty (30) days following the date this notice is received by UC Berkeley Housing.

I understand that by filing this request, my housing agreement has NOT been terminated and I am still responsible for my housing charges unless my Request to Vacate has been approved by UC Berkeley Housing. Additionally, if I want to rescind this cancellation request, I understand that it is my responsibility to email UC Berkeley Housing to request I be removed from the cancellation list.

RESIDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_