



ROCKHURST UNIVERSITY HOUSING REFUND

I plan to live off-campus for the 1st _____ 2nd _____ semester of the _____ academic year.

I certify that:

_____ I have completed 60 hours or lived on campus for four semesters.

_____ I will be living with my parents and commuting to Rockhurst University.

_____ I have graduated.

_____ I will be withdrawing from Rockhurst University and/or transferring to another college.

Name: _____

Building and Box #: _____

Permanent Address: _____

City, State, Zip: _____

Student ID#: _____

Date: _____

This form must be completed and returned to the Office of Residence Life, Massman 2. The Office of Residence Life reserves the right to refuse any refund based on residence damage and/or improper checkout.

Signature: _____

**Housing Deposits are not refunded during the months of May, August, and December.

** Residence Life does not issues refund checks. Housing deposits are credited to student accounts.