



HOUSING CANCELLATION FORM -Spring Term 2014

Cambridge College - Georgia

Please print legibly in black or blue ink.

Student ID#: _____

Last Name: _____ First Name: _____

Cambridge College
E-mail: _____

Phone#: _____

There will be NO refunds for any cancellations made after January 28th, 2014

Fax 617-873-0676
Email: residence@cambridgecollege.edu
Mail: Cambridge College, ATTN Residence, 1000 Massachusetts Ave.,
Cambridge, MA 02138

DATES TO BE CANCELLED

<i>Example</i>	DAY	DATE
	<i>Friday</i>	<i>00/00/2013</i>
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

By signing below, you are confirming that the information above is accurate and at your request. You also agree that you have read, understand, and will abide by the policies listed in the Housing package Cambridge College - Georgia, Student Housing Package, Spring Term 2014

Student signature

Date: _____