



## 2017 Summer Session Housing Change and Cancellation Form

Please complete this form if you need to make any changes to your current reservation for Summer Session Housing.

**PLEASE BE SURE TO SIGN THIS FORM AT THE BOTTOM OF THE PAGE.**

**TO SUBMIT THE FORM TO CONFERENCE SERVICES, PLEASE DO ONE OF THE FOLLOWING:**

- FAX THE COMPLETED FORM TO (434) 924-9641
- MAIL THE COMPLETED FORM WITH FULL PAYMENT TO P.O. BOX 400734, CHARLOTTESVILLE, VA 22904-4734

Name (First & Last): \_\_\_\_\_

UVA Computing ID: \_\_\_\_\_

**I NEED TO (CHECK ALL THAT APPLY):**

Adjust arrival/departure dates  
**COMPLETE SECTION A**

Cancel my reservation  
**COMPLETE SECTION B**

**Section A: Date Change.** Please indicate your currently scheduled check-in/check-out dates and the date changes you are requesting.

Scheduled Check-in Date	Scheduled Check-out Date	Desired Check-in Date	Desired Check-out Date

**Section B: Cancellation.** If this form is received in our office a minimum of seven (7) days prior to your scheduled arrival date, you will receive a full refund **less a \$50.00 per person cancellation fee. Cancellations submitted less than seven (7) days prior to your scheduled arrival date will be charged the \$50.00 cancellation fee plus the cost of one week's (seven days) stay in housing.** If you would like to leave **earlier than scheduled**, you will receive a refund equal to the amount of time left in your reservation, **minus the \$50.00 cancellation fee and the cost of one week's (seven days) stay in housing.**

<b>Reason for cancellation of housing:</b>

**Amount of Refund.** *(to be completed by Conference Services Staff only)* \_\_\_\_\_

*By signing below, I certify that I am altering my reservation as specified above and the information is correct. I also certify that I understand the refund policies.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_