

UNIVERSITY OF NEW ENGLAND

EARLE PAGE COLLEGE ADVICE OF DEPARTURE

STUDENT NO. _____ NEW ADDRESS _____

TITLE _____ NAME _____
(Surname)

(Given Name/Initials)

(PLEASE USE BLOCK LETTERS)

My room _____ at Earle Page College will be vacant by 10 am from this date
____/____/____.

ONLY COMPLETE BELOW IF YOU DO NOT INTEND TO RETURN TO COLLEGE

I will not be returning to Earle Page College. I understand that all unpaid charges must be paid in full prior to departure.

Signed _____
(Departing Resident)

Date ____/____/____

The following additional charges or adjustments which have not yet been processed should be taken into account prior to refund.

Credit adjustments (e.g. remissions, rebates, reversals)	\$ _____ CR
Additional accommodation / / to / /	\$ _____
Damages, repairs, replacements, etc.	\$ _____
Academic Gown not returned	\$ _____

Signed _____
(Authorised Officer)

Date / /