

Graduation Notification & Vacating Extension Application

Name of Person Graduating _____

Stu ID# _____

Apartment# _____

University Village

Medical Plaza

I am graduating: Spring Semester 20____
 Summer Semester 20____
 Fall Semester 20____

Last semester I will have enrolled in any credit hours: Spring 20____
 Summer 20____
 Fall 20____

I understand that if an extension is approved, I will be granted permission to continue living here for approximately 90 days following the last semester I enrolled in any credit hours. I also understand I must submit the required 30-day Intent to Vacate form to the Main Office at least 30 days before I move out.

I understand that if my eligibility status changes after I submit this request it is my responsibility to email kclark@usa.utah.edu and cancel this extension, otherwise a move out date will be established for me.

I understand that Extension Applications are processed at the end of the semester in the order in which they were received at the Main Office.

I understand the Main Office will not contact me until approximately 2 weeks after the Final Exam Period of the last semester I enroll in credit hours. At that time, I will be sent an email that will include my move out deadline. _____ Initials

Resident's Signature

Date

Office Use:

Tenant Number _____