

# King's Residences Early Termination Form



This form should be completed by the King's Residences contract holder\* and upon completion, the form should be submitted via email to [kingsresidences@kcl.ac.uk](mailto:kingsresidences@kcl.ac.uk).

Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

King's University ID: \_\_\_\_\_

Hall of Residence: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Requested Termination Date: From \_\_\_\_\_

## 1. Withdrawing from College

We understand that there may be circumstances which result in your withdrawal or interruption from college, if this is the case, please complete the below section.

Have you withdrawn/are you planning to withdraw from University? Yes / No

Have you interrupted /are you planning to interrupt from University? Yes / No

Have you submitted a request to withdraw/interrupt from the College? Yes / No

Have you checked out of residences? If yes, on which date? \_\_\_\_\_

## 2. Extenuating Circumstances (add URL for process document when online)

If you are continuing your studies but wish to end your contract license under extenuating circumstances, please complete the section below in full.

If appropriate, have you provided a copy of documented admissible evidence, listed below, to king's residence to support the early termination? Yes / No

*Please see the list of admissible evidence:*

- A letter from the student's registered General Practitioner or Specialist Doctor from within a 28-day period confirming either a new, acute condition or the exacerbation of a long-term condition with further clarification of the impact of student accommodation on the new/long-standing condition.
- Hospital documentation dated within 28 days (treatment letter, specialist letter, admission letter) giving evidence to state of student's health.
- Letter from a Care Coordinator, or member of the student's Community Mental Health Team or Social Worker that gives evidence to history/ongoing nature of student's condition, the support provided by the service for said condition and a clearly documented explanation for the student's inability to adhere to their residence license.
- Letter from students Counsellor (can be King's Counselling Service), or other type of psychological practitioner that gives evidence to history/ongoing nature of student's condition, the support provided by the service for said condition and a clearly documented explanation for the student's inability to adhere to their residence license agreement.
- Supporting documentation from Emergency Services (crime reference number, Police email) that depicts an urgent reason the student cannot adhere to their residence license agreement.
- Report provided by the King's Advice team that gives evidence to history/ongoing nature of student's difficulties, the support provided by the service and a clearly documented explanation for the student's inability to adhere to their residence license agreement.
- Supporting professional documentation for immediate\* family member that demonstrates an urgent need for the student to be released from their residence license agreement.

Please describe below any extenuating circumstances you wish for us to consider.

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## Details of third party completing this form (if applicable)

Title: Dr / Mr / Mrs / Miss / Ms / Other: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to the applicant (e.g. family): \_\_\_\_\_

Justification/Reason for third party completion: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

Contact email: \_\_\_\_\_

Written consent obtained by the Contract Holder to submit this application on their behalf? Yes / No

*We will be unable to consider the information provided unless you specifically confirm and can provide evidence that the contract holder is aware and consenting to this information being supplied to us.*

## Next steps

Please attach all supporting evidence with this form and email to [kingsresidences@kcl.ac.uk](mailto:kingsresidences@kcl.ac.uk).

Once we have all the information required, you will be contacted within **15 working days** with confirmation of our decision. Please note that we may contact you for further information.

*\*In exceptional circumstances the early termination form can be completed by a third party and justification as to why the form is completed by a third party must be given in this form. Prior consent must be given by the contract holder in writing for us to receive the form by a family member or medical practitioner.*