

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.

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Have you withdrawn/ are you planning to withdraw from University?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

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:

- Letter from the student's registered General Practitioner or Specialist Doctor confirming the long-term condition and clarification of the impact of student accommodation on the condition
- Hospital documentation dated within 28 days (treatment letter, specialist letter, admission letter)
- Letter from a Care Coordinator, or member of the student's Community Mental Health Team or Social Worker
- Letter from students Counsellor (can be King's Counselling Service), or other type of psychological practitioner
- Support evidence from Student of Concern team or from King's Residences welfare team
- Supporting documentation from Emergency Services (crime reference number, Police email)
- Report provided by the King's Advice team
- Appropriate medical documentation for close family member

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.

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.*