University of Illinois
Urbana-Champaign

WITHDRAWAL / CANCELLATION

Office of the Registrar

❑ FALL ❑ WINTER ❑ SPRING ❑ SUMMER _____ YEAR _____ TODAY'S DATE

PRINT LAST NAME FIRST NAME MI _____ UIN _____ COLLEGE

_____ DEPARTMENT

ACTION REQUESTED

❑ Cancellation
❑ Withdrawal in Person
❑ Withdrawal in Absentia

Effective date_____

APPROVAL SIGNATURES MUST BE OBTAINED FROM THESE OFFICES IN THE FOLLOWING ORDER:

UNDERGRADUATE STUDENTS

1) COLLEGE OFFICE ❑ NOTIFY ISSS _____

SIGNATURE PRINTED NAME DATE

2) OFFICE OF INTERNATIONAL STUDENT & SCHOLAR SERVICES (INTERNATIONAL STUDENTS ONLY)

SIGNATURE PRINTED NAME DATE

GRADUATE STUDENTS

1) DEPARTMENT OFFICE

SIGNATURE PRINTED NAME DATE

2) OFFICE OF INTERNATIONAL STUDENT & SCHOLAR SERVICES (INTERNATIONAL STUDENTS ONLY)

SIGNATURE PRINTED NAME DATE

3) GRADUATE COLLEGE OFFICE

SIGNATURE PRINTED NAME DATE

Reason for leaving: _____

Conditions for re-entry: _____

I understand that my withdrawal/cancellation is not complete until this request is processed by the Registrar's Office. I am aware of the regulations relating to refunds as appears in the *Student Code*. Disciplinary action will be taken against any person providing unauthorized signatures on this form.

Student's Signature: _____

SUBMIT COMPLETED FORM TO: **Office of the Registrar, Records Service Center**

FOR OFFICE OF THE REGISTRAR USE ONLY

Processed by/date _____ Comments _____