WITHDRAWAL / CANCELLATION

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 __________________________

Rvsd 12/22