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 __________________________