WITHDRAWAL / CANCELLATION

☐ FALL  ☐ SPRING  ☐ SUMMER

YEAR  TODAY’S DATE

PRINT LAST NAME  FIRST NAME  MI  UIN  COLLEGE

DEPARTMENT

PERMANENT HOME ADDRESS:

ACTION REQUESTED  ☐ Cancellation  ☐ Withdrawal in Person  ☐ Withdrawal in Absentia

Effective date ____________________________

STUDENT MUST OBTAIN SIGNATURES 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

3) OFFICE OF THE DEAN OF STUDENTS

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 I deposit this form in the Records Service Center. I further understand that if any charges such as library or laboratory fees are pending against my account, a transcript or diploma will not be issued until the charges are paid. 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, 901 West Illinois Street, Suite 140, Urbana, IL 61801  MC-063

FOR OFFICE OF THE REGISTRAR USE ONLY

Processed by/date  Comments _______________________________________________________________

Rvsd 7/10