

WITHDRAWAL / CANCELLATION

FALL WINTER SPRING SUMMER _____ YEAR _____ TODAY'S DATE

PRINT LAST NAME FIRST NAME MI UIN COLLEGE

DEPARTMENT

ACTION REQUESTED Cancellation
 Withdrawal in Person Effective date _____
 Withdrawal in Absentia

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

UNDERGRADUATE STUDENTS

1) COLLEGE OFFICE NOTIFY ISSS _____

	SIGNATURE	PRINTED NAME	DATE
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2) OFFICE OF INTERNATIONAL STUDENT & SCHOLAR SERVICES (INTERNATIONAL STUDENTS ONLY)

	SIGNATURE	PRINTED NAME	DATE
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GRADUATE STUDENTS

1) DEPARTMENT OFFICE

	SIGNATURE	PRINTED NAME	DATE
<hr/>			

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

	SIGNATURE	PRINTED NAME	DATE
<hr/>			

3) GRADUATE COLLEGE OFFICE

	SIGNATURE	PRINTED NAME	DATE
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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 _____