

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 Effective date _____
 Withdrawal in Absentia

STUDENT MUST OBTAIN SIGNATURES FROM THESE OFFICES IN THE FOLLOWING ORDER:

UNDERGRADUATE STUDENTS

- 1) COLLEGE OFFICE NOTIFY ISSS _____
- 2) OFFICE OF INTERNATIONAL STUDENT & SCHOLAR SERVICES
(international students only) _____
- 3) OFFICE OF THE DEAN OF STUDENTS, STUDENT SERVICES BUILDING _____

GRADUATE STUDENTS

- 1) DEPARTMENT OFFICE _____
- 2) OFFICE OF INTERNATIONAL STUDENT & SCHOLAR SERVICES
(international students only) _____
- 3) GRADUATE COLLEGE OFFICE _____

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 Admissions and Records, Records Service Center, 901 West Illinois Street, Urbana

FOR ADMISSIONS AND RECORDS OFFICE USE ONLY	
Date processed: _____	Comments: _____
Processor: _____	_____