



OFFICE OF THE REGISTRAR  
**Registration Cancellation**

Date \_\_\_\_\_

Student ID Number \_\_\_\_\_

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Last Name

First Name

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Street Address

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City

State

Zip

I have registered for classes for \_\_\_\_\_, but I have not attended and  
I do not plan to attend. (term) (year)

Please cancel my registration.

Reason for cancelling \_\_\_\_\_

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I understand that I must also notify University Residences and the Financial Aid  
Office that I am not attending.

Student's Signature \_\_\_\_\_