WITHDRAWAL / CANCELLATION

Print Last Name: ____________________________
First Name: ______________________
MI: ______________________
UIN: ______________________
College: ______________________
Department: ______________________

Permanent Home Address: ____________________________________________________________

Action Requested: 
1. Cancellation
2. Withdrawal in Person
3. Withdrawal in Absentia

Effective date: ______________________

Student Must Obtain Signatures From These Offices in the Following Order:

Undergraduate Students:
1. College Office
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: ______________________

OAR/Registrar—03/06