

UNDERGRADUATE SUMMER CANCELLATION

YEAR

TODAY'S DATE

PRINT LAST NAME

FIRST NAME

MI

UIN

COLLEGE

DEPARTMENT

PERMANENT HOME ADDRESS:

ACTION REQUESTED

Cancellation

Effective date _____

STUDENT MUST OBTAIN SIGNATURE FROM COLLEGE OFFICE

COLLEGE OFFICE	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">SIGNATURE</div> <div style="width: 30%;">PRINTED NAME</div> <div style="width: 30%;">DATE</div> </div>
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Reason for leaving: _____

Conditions for re-entry: _____

I understand that my 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 _____