

WITHDRAWAL / CANCELLATION

☐ FALL☐ SPRING☐ SUMMER_____
YEAR

7/16/2021

TODAY'S DATE_____
PRINT LAST NAME_____
FIRST NAME_____
MI_____
9-DIGIT UIN_____
COLLEGE_____
DEPARTMENTPERMANENT HOME ADDRESS: _____

ACTION REQUESTED

☐ Cancellation☐ Withdrawal in Person☐ Withdrawal in Absentia

Effective date _____

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

UNDERGRADUATE STUDENTS

1) COLLEGE OFFICE ☐ NOTIFY ISSS __________
SIGNATURE_____
PRINTED NAME_____
DATE2) OFFICE OF INTERNATIONAL STUDENT & SCHOLAR
SERVICES (INTERNATIONAL STUDENTS ONLY)_____
SIGNATURE_____
PRINTED NAME_____
DATE

3) OFFICE OF THE DEAN OF STUDENTS

SIGNATURE_____
PRINTED NAME_____
DATE

GRADUATE STUDENTS

1) DEPARTMENT OFFICE

SIGNATURE_____
PRINTED NAME_____
DATE2) OFFICE OF INTERNATIONAL STUDENT & SCHOLAR
SERVICES (INTERNATIONAL STUDENTS ONLY)_____
SIGNATURE_____
PRINTED NAME_____
DATE

3) GRADUATE COLLEGE OFFICE

SIGNATURE_____
PRINTED NAME_____
DATE

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

Processed by/date _____ Comments _____