University of Illinois at Urbana-Champaign

WITHDRAWAL / CANCELLATION

Office of the Registrar

| , - | ☐ FALL ☐ SPRING | SUMMER | YEAR | TODAY'S DATE | |
|--|--|---|-----------------------------|--|----------------|
| PRINT LAST NAME | FIRST NAME | MI | UIN | COLLEGE | |
| | | | | DEPARTMENT | |
| PERMANENT HOME ADD | RESS: | | | | |
| | | | | | |
| ACTION REQUESTED | ☐ Cancellation ☐ Withdrawal in Person | | Effective date | | |
| STUDENT MUST OBT | ☐ Withdrawal in Absen AIN SIGNATURES FROM T | | N THE FOLLOWING OR | DER: | |
| | JATE STUDENTS . | | IV THE FOLLOWING ON | | |
| 1) COLUMNIA OFFICE | | | | | |
| 1) COLLEGE OFFICE | □ NOTIFY ISSS | | SIGNATURE | PRINTED NAME | DATE |
| 2) OFFICE OF INTERNA SERVICES (INT | TIONAL STUDENT & SCHOLAR ERNATIONAL STUDENTS ONLY | \ \rangle | | | |
| SERVICES (IINI | ERNATIONAL STUDENTS ONLI | ·) | SIGNATURE | PRINTED NAME | DATE |
| 3) OFFICE OF THE DEAD | N OF STUDENTS | | | | |
| , | | | SIGNATURE | PRINTED NAME | DATE |
| GRĄDUATE ST | UDENTS | | | | |
| 1) DEPARTMENT OFFIC | Œ | | | | |
| 2) | | | SIGNATURE | PRINTED NAME | DATE |
| 2) OFFICE OF INTERNA SERVICES (INT | TIONAL STUDENT & SCHOLAR ERNATIONAL STUDENTS ONLY | ·() | | | |
| 2) | | | SIGNATURE | PRINTED NAME | DATE |
| 3) GRADUATE COLLEG | E OFFICE | | CICNIATURE | DDINTEED NAME | DATE |
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| Conditions for re-entry | · | | | | |
| that if any charges such charges are paid. I am a | n as library or laboratory fees | s are pending aga ng to refunds as a | ainst my account, a trans | Records Service Center. I furth cript or diploma will not be isse. Disciplinary action will be taken | sued until the |
| Student's Signature: | | | | | |
| SUBMIT COMPLETED FORM | и то: Office of the Registrar, | Records Service (| Center, 901 West Illinois S | Street, Suite 140, Urbana, IL. 6180 | 01 MC-063 |
| FOR OFFICE OF THE RI | EGISTRAR USE ONLY | | | | |
| Processed by/date | | Comments | | | |