University of Illinois WITHDRAWAL / CANCELLATION Office of the Registrar Urbana-Champaign ■ WINTER ☐ FALL ☐ SPRING SUMMER TODAY'S DATE YEAR UIN PRINT LAST NAME FIRST NAME MI COLLEGE **DEPARTMENT** ☐ Cancellation ACTION REQUESTED Effective date ☐ Withdrawal in Person ☐ Withdrawal in Absentia APPROVAL SIGNATURES MUST BE OBTAINED FROM THESE OFFICES IN THE FOLLOWING ORDER: UNDERGRADUATE STUDENTS 1) COLLEGE OFFICE ☐ NOTIFY ISSS SIGNATURE PRINTED NAME DATE 2) OFFICE OF INTERNATIONAL STUDENT & SCHOLAR SERVICES (INTERNATIONAL STUDENTS ONLY) SIGNATURE PRINTED NAME DATE **GRADUATE STUDENTS** 1) DEPARTMENT OFFICE SIGNATURE PRINTED NAME DATE 2) 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 this request is processed by the Registrar's Office. I am aware of the

I understand that my withdrawal/cancellation is not complete until this request is processed by the Registrar's Office. 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

FOR OFFICE OF THE REGISTRAR USE ONLY	
Processed by/date	Comments