



## CANCELLATION OF REGISTRATION

Today's Date \_\_\_\_\_  
MM/DD/YYYY

Semester \_\_\_\_\_  Fall  Winter  Spring  Summer I  Summer II  
YEAR

University ID# \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MI

Permanent Address \_\_\_\_\_  
STREET  
CITY STATE ZIP CODE

Reason for Cancellation

Student Signature \_\_\_\_\_

Your cancellation must be received in writing **prior to the first day of classes** at the Office of the Registrar, Room 1113, Mitchell Building, 7999 Regents Drive, College Park, MD 20742.

EFFECTIVE DATE (OFFICE USE ONLY)

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REGISTRATION VERIFICATION STAMP

**Undergraduate Students Note:** If you wish to reenroll at UMCP for future semesters, you must obtain a Reenrollment Application available at the Student Success Office <http://studentsuccess.umd.edu>.