



CANCELLATION OF REGISTRATION

Today's Date _____
MM/DD/YYYY

Student Status Undergraduate Graduate

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

EFFECTIVE DATE (OFFICE USE ONLY)

REGISTRATION VERIFICATION STAMP

Undergraduate Students Note: If you wish to reenroll at the University of Maryland for a future semesters, you may need to apply for re-enrollment. For more information, see studentsuccess.umd.edu.

Graduate Students Note: You will need to talk to your advisor and Graduate Program Director to make sure that you are meeting the Graduate School's Continuous Registration policy. For more information, see apps.gradschool.umd.edu/Catalog.