

Cancellation of Registration Form

Return completed form to: Office of the Registrar: registrar-help@umd.edu

Phone: (301) 314-8240 | Fax: (301) 314-9568

Use this form to cancel all your classes. This form must be received before the first day of the selected term to receive a 100% tuition and fees refund.

This form cannot be used to drop courses after the first day of classes.

Last Name:	First Name:					
UID:	Phone #:		Email:			
Year:	Semester: Fall	Spring	Summer I	Summer II	Winter	
Student Status:	Undergraduate	Gradua	ate			
Reason for Cance	ellation:					
Do you plan to ret	urn to UMD next seme	ester? Y	es	 No		
_ · , · · ·						
Student Signature:				Date:		
I	nstructions on how	to digitally	sign this docu	ment can be fo	und here.	
semester, you ma Student Success:	students: If you wish to y need to apply for restudentsuccess.umd. and to reapply through the	enrollment. edu. If you a	For more informare canceling yo	mation, visit the our <i>first</i> semest	Office of	
make sure that yo	ts: You will need to ta u are meeting the Gra see academiccatalog	iduate Scho	ol's Continuous	•		
			For Official Use Onl <u>y:</u>			
			Date:			
			Official			