



OFFICE OF THE REGISTRAR

Cancellation/Withdrawal

Complete all requested information in BLUE or BLACK ink only.

Student ID #: \_\_\_\_\_

Term and year to cancel or withdrawal from:

\_\_\_\_\_ (year) [ ] Fall [ ] Spring [ ] Su I [ ] Su II [ ] Winter

Have these classes started yet? Yes No Do you wish to cancel the next semester as well? Yes No

Are you currently using VA benefits? Yes No

Student Name: \_\_\_\_\_
Last First M.

Phone #: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Reason for withdraw: \_\_\_\_\_

PLEASE NOTE:

- Students withdrawing from Salisbury University will be held responsible for financial obligations incurred while a student at Salisbury University. Please contact the Financial Services Office to arrange for payment of any outstanding debts.
Please make sure that all material on loan from the Library is returned.
If you have financial aid in the form of scholarships, grants, loan and/or student employment, please complete the necessary forms in the Financial Aid Office before leaving campus.
If you reside in the dormitories, please check out with the Housing Office.
Readmit Applications are required for all matriculated students that would like to return to school during a future term. Please fill out a readmit application by July 1st for the Fall term and December 1st for the Spring term.
Refunds are based on the business day that we receive this form. Please check the cashier's web site for the current refund schedule: http://www.salisbury.edu/admin/cashiers/refunds.htm

I have read and understand the above information.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Affairs Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\* This signature must be obtained before withdraw will be processed. Guerrieri University Center, Room 212; 410-543-6080

Registrar's Office Use Only

Term History: \_\_\_\_\_ Financials: \_\_\_\_\_ Term Activation: \_\_\_\_\_ VDIS/Revoked: \_\_\_\_\_ Address: \_\_\_\_\_

Registrar's Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_