SALISBURY UNIVERSITY

Cancellation Form

I will not be attending or returning to Salisbury University For the following semester:

___ Fall  ___ Spring
___ Winter  ___ Summer I  ___ Summer II

Current Student Classification:
___FR  ___SO  ___JR  ___SR  ___USB
___Undergrad. Non-Degree  ___Graduate

Name: __________________________
Last            First            Middle

Student ID #: ____________________  Date: ______________

Request Made:  ____Phone        ____In-Person

Signature: ____________________