

EARLY REGISTRATION CANCELLATION

For use to cancel classes **PRIOR to the start of the semester.*

Return to:

Office of the University Registrar – Registration

130 Jesse Hall, Columbia, MO 65211

Phone: (573)882-7881 Fax: (573)884-4530

Print Student Name: _____

Student Number: _____

Date: _____

Career: *Must use a separate form for **each** career.

	Ugrd		Vet Med		Law
	Grad		Med		

Choose Term of Cancellation:

*Use separate form for each term.

FALL		SPRING	
SUMMER		SESSION YEAR	

Reason for cancellation: _____

Student Signature: _____