EARLY REGISTRATION CANCELLATION

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

Choose Term of Cancellation:

*Use separate form for each term.

<table>
<thead>
<tr>
<th>FALL</th>
<th>SPRING</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUMMER</td>
<td>SESSION YEAR</td>
</tr>
</tbody>
</table>

Reason for cancellation: ____________________________________________________________

__________________________________________________________

Student Signature: ________________________________________________

Print Student Name: ________________________________

Student Number: ________________________________

Date: ________________________________

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

<table>
<thead>
<tr>
<th>Ugrd</th>
<th>Vet Med</th>
<th>Law</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grad</td>
<td>Med</td>
<td></td>
</tr>
</tbody>
</table>

Return to:

Office of the University Registrar – Registration
125 Jesse Hall, Columbia, MO 65211
Phone: (573)882-7881 Fax: (573)884-8382

Office of the University Registrar
Date Processed ____________________________  Initials _____

University of Missouri – Columbia  Office of University Registrar – Revised 06/21/18