

EARLY REGISTRATION CANCELLATION

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

Return to:

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

Print Student Name: _____

Student Number: _____

Date: _____

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

	Ugrd		Vet Med		Law
	Grad		Med		Prof

Choose Term of Cancellation:

**Use separate form for each term.*

FALL		SPRING	
SUMMER		SESSION YEAR	

Reason for cancellation: _____

Student Signature: _____

Office of the University Registrar	
Date Processed _____	Initials _____