

## Cancellation of Registration/Withdrawal from All Classes

(Circle) SU FA WI		Student Number: E	SSN (last 4)		
Semester	Year			(optional)	
Last Name First		First Name	Middle Initial		
Street Address			EASON FOR CANCELLATION/WITHDRAW lease check the one most important rea		
		•	Major or degree not offered at EMU	[NO]	
City  ()  Phone Number	State	Zip	<ul> <li>No longer wish to complete a degree</li> <li>Insufficient funds</li> <li>Dissatisfied with instruction</li> <li>Employment</li> <li>Family responsibility</li> <li>Illness or accident</li> </ul>	[ND] [IF] [DI] [EM] [FM] [HL]	
			Dissatisfied with services Planned transfer to other college or University Other – Please specify below:	[DS] [TR] [OT]	
<ul><li>If you have</li><li>If you live i</li><li>Dining Con</li></ul>	Financial Aid, in a University nmons I (734.4	please contact the Finance Residence Hall or University	opriate offices below to ensure proper with cial Aid Office (734.487.0455) rsity Apartment, contact Housing, ervices (734.487.3119)	drawal:	
responsible for pay	ment of the nor	n-refundable registration	al from courses for the semester indicated abordee. Tuition and fee credit/refunds, if approped section of the schedule book.		
Mail (certified mail University, Ypsilan			Records and Registration, 304 Pierce Hall,	Eastern Michigan	
In-Perso	n requests		ff at either of the Service EMU lo The Student Center.	cations:	

**Date** 

**Student Signature**