



CANCELLATION OF ENROLLMENT

This form must be filled out, signed, and returned to:
Office of the Registrar, 212 Behmler Hall, 600 East 4th St, Morris, MN 56267
FAX: (320)589-6025

ID# _____ Today's Date _____

Name: _____

I authorize the cancellation of all my classes for: (Term/Yr) _____

Note: The following offices will be notified and future services impacted:
Student Counseling, Advising, Health Services, Residential Life, CERP, Library, Post Office,
Admissions, Multi Ethnic Student Program, Office of the Registrar, Financial Aid, Business Office.

Student Signature (required): _____
[electronic signatures are not acceptable]

Reason for cancelling (optional): _____

___ I plan to return, and would like registration information sent to me for
the next term.

___ I do not plan on returning to UMM. (You will be inactivated as a student.)

Office use only:

Financial Aid Office: _____

Date classes cancelled: _____ as of _____

Registrar's Office: _____

disc row if applicable _____ notified cancel group _____