

COURSE REGISTRATION CANCELLATION – Fall 2014

Print Name _____

Banner # _____

Degree Program: *(circle one)* BA/BS BLS BPS MBA MED MS Other

Please cancel my Fall 2014 registration; I do not plan to attend classes at UMW in the Fall 2014 semester.

For Office Use Only

(signature)

(date)

THIS FORM MUST BE RECEIVED IN THE OFFICE OF THE REGISTRAR BY FRIDAY, August 22, 2014.

All questions about charges for the semester should be directed to the Office of Student Accounts at (540) 654-1250 or umwbills@umw.edu.