

## Course Registration Cancellation – Summer 2014

Name \_\_\_\_\_ Banner # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Degree Program (*Circle one*) BA/BS BLS BPS MBA MED Other

Please Cancel my Summer 2014 Registration for:

May/June \_\_\_\_\_ June/July \_\_\_\_\_ (Fredericksburg Campus)

8 week session \_\_\_\_\_ 10 week session \_\_\_\_\_ (Stafford Campus)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

This form must be received in the Registrar's Office **before** the first day of each session to be a Cancellation.