

REGISTRAR'S OFFICE

1735 Wahnish Way, C.A.S.S. Bldg., Suite #206, Tallahassee, FL 32307
 Office: (850) 599-3115 Fax: (850) 561-2428 Email: registrardocs@famu.edu

Registration Cancellation Request Form

Please complete this form.

You may request for registration cancellation for current or future term before the end of add/drop period for that term. Your classes may be cancelled with no fee liability if (a) You did not attend any of the classes (b) No instructor marked you as attending in iRattler, and (c) No Financial Aid disbursed or anticipated for the requested term.

NOTE: This request, if approved, cancels **All CLASSES**. You may remain liable for some charges on your account. Please contact your academic department or Student Accounts for additional information or questions about your account.

TERM: Fall Spring Summer Academic Year **20** _____

LAST DAY OF ATTENDANCE: _____

Student ID#: _____	Classification(s): <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Co-Op <input type="checkbox"/> Non-Degree				
Full Name:	_____	_____	_____	_____	_____
	Last	First	Middle		
Address:	_____				
	Street/P.O. Box				
	_____	_____	_____	_____	_____
	City	State	Zip		
Phone Number: _____	FAMU Email: _____				
_____			_____		
Student's Signature			Date		

For Office Use Below Only

APPROVED DENIED

COMMENTS: _____

REGISTRAR'S OFFICE ADMINISTRATOR SIGNATURE

DATE