



University of California  
Santa Barbara

### SUMMER SESSION CANCEL/ COMPLETE WITHDRAWAL PETITION

Office of the Registrar  
University of California, Santa Barbara  
Santa Barbara, CA 93106-2015  
Phone: 805-893-3592  
FAX: 805-893-2985  
<http://www.registrar.ucsb.edu>

**Note: A *cancellation* refers to leaving the entire summer term prior to the start of your first session or prior to being in paid status. A *withdrawal* refers to leaving the entire summer term after your first session has begun and after you are in paid status. Complete withdrawals require signature approvals (see below). The date the completed petition is received by the Office of the Registrar is the official withdrawal date.**

Name \_\_\_\_\_  
Last First Middle

Perm # \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

UCSB Status:      Undergraduate      Graduate      Summer Session Student Only

College:      Letters & Science      Engineering      Creative Studies      Graduate Division      Not Applicable

Reason:      Personal      Medical      Financial      Academic      Military/Call to Active Duty

**CANCEL – Complete this section to cancel registration (see explanation above).**

I hereby petition to cancel my Summer Sessions registration.

\_\_\_\_\_ Date  
**Student Signature**

**COMPLETE WITHDRAWAL – Complete this section if withdrawing from the summer term (see explanation above).**

I hereby petition for a **complete withdrawal** from Summer Sessions and have read and understand the following terms:

- I understand this petition will not be processed until I have secured the necessary signatures and returned the petition to the Office of the Registrar.
- I understand physical activities equipment and all library books, must be returned, and arrangements made for payments of all fees and fines. If I fail to do so, my official transcript will not be released.
- I understand Summer Session Fees are not refundable after the refund deadline.
- I understand I must return the validated registration sticker if my fees have been paid.
- **I understand that my withdrawal date may affect financial aid I have received for summer session. I understand all questions concerning how a complete withdrawal will affect my financial aid should be directed to the Financial Aid Office. I have referred to their withdrawal information page, "Withdrawing from the University" at <http://www.finaid.ucsb.edu/WithdrawingFromTheUniversity.asp>.**
- The date this completed petition is received by the Office of the Registrar is the official withdrawal date.

\_\_\_\_\_ Date  
**Student Signature**

\_\_\_\_\_ Date  
**Date**

**Required Signatures for Withdrawals Only:**

1) **Summer Sessions**, 2214 SAASB \_\_\_\_\_ Date

2) **Billing/Accounts Receivable**, 1212 SAASB \_\_\_\_\_ Date

3) **College Office**, (L & S/ COE/ CCS/ Grad Division) \_\_\_\_\_ Date

<i>Summer Sessions Use Only:</i>	<i>Office of the Registrar Use Only:</i>
<input type="checkbox"/> Refund <input type="checkbox"/> No Refund	Official Withdrawal Date: _____     Posted By: _____ Posted Date: _____     Code: <input type="checkbox"/> C <input type="checkbox"/> W

