



University of California
Santa Barbara

CANCELLATION OF REGISTRATION

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>

Please complete the following and select one reason that best identifies the reason for your request. If you are mailing or faxing this petition in, please also send a copy of a photo ID with signature (i.e. a Driver's License) to confirm your identity.

Name _____ Perm _____
Last First Middle

E-Mail _____ Phone (____) _____

I will **NOT** be returning: Fall _____ Winter _____ Spring _____
Year Year Year

Reason for Request (select the one that is most applicable):

Personal Medical Financial Academic Military/Call to Active Duty Graduation

By canceling your registration, the following policies and processes are in effect:

1. By submitting this petition you will no longer be eligible for Student Health Insurance as the fee for this insurance is credited back to your billing account.
2. Refund processing takes 2 to 3 weeks. Contact the BARC Office regarding refund inquiries.
3. **New undergraduate students** who cancel prior to the first day of instruction of their first quarter of admission will not be eligible for readmission. Such students must reapply to the University through the regular undergraduate admission process adhering to Admissions processing deadlines. For further information contact the Office of Admissions.
4. Continuing students seeking to return to UCSB must complete and submit a Readmission/Reinstatement petition prior to the published deadline for readmission. Additional readmission/reinstatement information can be found on the Office of the Registrar's website (<http://www.registrar.ucsb.edu>) and the Readmission/Reinstatement Application (http://www.registrar.ucsb.edu/read_rein.htm).
5. Umail accounts remain active for 13 months after cancellation. Please ensure any auto-forward rules set in your Umail account are removed, or you will receive messages during this duration.

By signing this form, I have read the important information listed above and understand that should I wish to return to UCSB, I must reapply to the university or submit a Readmission petition depending upon my student status when I depart UCSB. I request the Office of the Registrar remove me from the courses I am registered for and also adjust my billing account as deemed appropriate.

Student Signature Date

Required Signature if Applicable to your Student Status:

International Students (OISS), 3130 SRB Date

Office of the Registrar Use Only:	
Processed by: _____	Reg Status: _____
Date: _____	Fee Status: _____

