

**SUMMER SESSIONS
CANCELLATION/ COMPLETE WITHDRAWAL
PETITION**

Read Carefully:

- 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** cancel or withdrawal date.
- UCSB International students **must** obtain signature approval from OISS to **cancel** or **withdrawal**.*

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

CANCELLATION – Complete this section to cancel registration for the entire summer term.

I hereby petition to cancel my Summer Sessions registration.

_____ Student Signature _____ Date

*** Required Signature for International Students Only:**

_____ Office of International Students (OISS), SRB 3130 Date

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 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 Office of Financial Aid and Scholarships. More information may be found on their “Withdrawing from the University” located at <http://www.finaid.ucsb.edu/WithdrawingFromTheUniversity.asp>.**

_____ Student Signature _____ Date

Required Signatures for Withdrawals Only:

1) College Advising (L&S/ COE/ CCS/ Grad Division) _____ Date

2) Billing/Accounts Receivable, 1212 SAASB _____ Date

3) *Office of International Students (OISS), SRB 3130 _____ Date

4) Summer Sessions, 2214 SAASB _____ Date

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