CANCELLATION OF REGISTRATION

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 ___________________________________________ 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 drop from all registered classes prior to the 16th day of instruction during 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: ______________________

Revised 2/17/2016 SS