

ADVANCE REGISTRATION CANCELLATION

NOTICE: In order to avoid a financial obligation for the enrollment, this Advance Registration Cancellation must be received by the University BEFORE the first day of classes at the University for the specified term.

The student identification card is the property of the University, and should also be returned.

This form is not to be used once classes begin for the specified term.

My plans have changed, and I will not be attending UCA the following term for which I am registered: _____. Please cancel my advance registration for this term. I understand that I may be required to re-apply in order to attend UCA in the future.

(Print All Information Clearly)

NAME _____

Student Identification Number _____
(See Student ID Card)

Street Address _____

City _____ State _____ Zip Code _____

E-MAIL _____

Signature _____ Date _____

07302009

**Office of the Registrar
Room 112 McCastlain Hall
University of Central Arkansas
Conway, Arkansas 72035-0001
FAX: (501) 450-5734**