Oklahoma State University
Office of the Registrar

Submit to:
322 Student Union
Stillwater, Oklahoma 74078-1013
405-744-6876, Fax 405-744-8426
registrar@okstate.edu

ADMISSION/ENROLLMENT CANCELLATION REQUEST

THIS FORM MUST BE RECEIVED IN THE REGISTRAR'S OFFICE BEFORE THE FIRST DAY OF CLASS.

First Name _____ Middle Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Student ID _____ Date of Birth _____ Phone _____

E-mail Address _____

SEMESTER OF CANCELLATION: ☐ Summer 20___ ☐ Fall 20 ___ ☐ Spring 20___

Have you attended any classes for the semester you are canceling? ☐ Yes ☐ No

If you are enrolled in a future term, please indicate whether you would like to cancel your enrollment only for the current/selected semester or for additional future semesters as well:

☐ Cancel enrollment from current/selected term only; keep future term enrollments

☐ Cancel both current and upcoming term enrollments

Do you plan to return to OSU in the future? ☐ Yes ☐ No If so, which semester? _____

Comments: _____

_____

_____

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Student Signature _____ Date _____
(Required)

Office Use Only ☐ C3 Code Added ☐ Cancelled

Processed by: _____ Date: _____

Print Form