



University of California, Davis
Office of the University Registrar

Cancellation/Withdrawal Form

One Shields Avenue, Davis, CA 95616-8692 / Information: (530) 752-3639 / Fax: (530) 752-6906

Professional Students

Medical, Veterinary Medicine, and Law students must contact their student records offices and the Dean's offices for special information.

Personal Information

Student ID Number _____ E-mail Address _____

Name _____

Mailing Address (for refund of fees) _____

City/State/Zip _____ Phone _____

Birth date _____ College _____ Major _____

Undergraduate

Graduate

Professional

Cancellation/Withdrawal Information

Quarter and year of cancellation/withdrawal _____

Reason for cancellation/withdrawal:

Cancellation/Withdrawal Form

I have registered for courses paid registration fees attended classes

I certify that I am the above named person and the information I have provided is accurate.

Student signature _____ Date _____

Office Use Only

Effective date _____ Withdrawal code _____

Date keyed _____ By _____

SUCR fee Yes No