

Office of Admissions & Outreach

ENROLLMENT CANCELLATION

This form must be completed by students who have been admitted and would like to cancel their registration. This form must be faxed to the Office of Admissions and Outreach.							
User Name (Code)							
Last Name							
First Name							

Enrollment Cancellation
I have changed my mind and I do not wish to continue the process of admission because : Yes No I am enrolled in another institution. Name of institution :
Yes No Scholarship not awarded or scholarship was insuffisant. Yes No I found a job. Yes No I have health problems.
Yes No I have difficulties related to the English Language. Yes No I have some personal problems.
Others:
Student Signature: Date:
THIS FORM MUST BE FAXED TO: 05 35 86 21 77