

# UCLA Cancellation of Registration

## Instructions

This form should be used only if the student has paid term fees and does not plan to attend for the term. Prior to the first day of classes for the term, file this form with Student Services, 1113 Murphy Hall, UCLA Registrar's Office, Box 951429, Los Angeles, CA 90095-1429. Form may be faxed to 310-206-4520 or sent by e-mail to [reginfo@registrar.ucla.edu](mailto:reginfo@registrar.ucla.edu). Note: A student who purchased the University of California Student Health Insurance Plan (UCSHIP), cancels registration, and receives a 100 percent refund loses all UCSHIP coverage and benefits for the term.

## Student Information (please print clearly)

Full Name on UCLA Records (Last, First Middle)			9-Digit UCLA ID
Current Mailing Address - Street			Home Telephone
Address 2			Country
City	State	ZIP/Postal Code	Province (Canada only)

Indicate **term** (select one) and **year** to be cancelled.

Year \_\_\_\_\_  Fall  Winter  Spring  Summer medical/dental students only

State the **reason** you will not attend for this term.

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## Refunds

**New students** receive a 100% refund for fees paid minus the nonrefundable acceptance of admission fee and a \$10 service fee. Admission to UCLA is cancelled and a new UC admissions application must be filed (admission is not guaranteed).

**All other students** receive a 100% refund for fees paid minus a \$10 service fee.

Authorization Signature Required <b>X</b>	Date (mm/dd/yyyy)
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## OFFICE USE ONLY

SRS Input Date	By
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