

CANCELLATION OF REGISTRATION

Note: This form may only be used prior to the first day of classes, as noted on the University's academic calendar.

STUDENT INFORMATION

Please print clearly

Last Name _____ First Name _____ Middle Initial _____
B-Number _____ E-mail _____

STATEMENT OF CANCELLATION

Please be advised that I will NOT be attending Binghamton University during the

fall winter spring summer (enter year) _____ academic semester/term.

I understand that, by signing this form, all courses for which I registered during advanced registration will be cancelled for the semester I have specified above. I realize that these courses may no longer have available seats should I decided to re-register.

Signature _____ Date _____