

RETURN FORM:

One Stop Student Services 111 S. Broadway, Suite 300 Rochester, MN 55904

QUESTIONS?

Phone: (507) 258-8069

Email: umr1stop@r.umn.edu

Cancel/ Drop Form

DIRECTIONS—**Before you cancel classes**, check the refund schedule at https://onestop.r.umn.edu/dates-and-deadlines. Unless you cancel during the 100% refund period, you will be required to pay a percentage of your tuition and fees.

You must complete all fields with an asterisk (*) in PART 1, for identification, admission, and academic records purposes. The remaining fields are used for positive identification, advising, course placement, and institutional research. Data privacy information is available at onestop.r.umn.edu/grades_and_transcripts/student_records_privacy.

Important: If you are a financial aid recipient who is withdrawing from all of your classes, you must submit a complete withdraw request form.

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

PART 1. Student I	Backgrour	nd							
University ID		*Name (last, first, middle initial)							
Birthdate (mm/dd/yyyy)	*Former name (last, first, middle initial)					Phone (include area code)			
*Current address (street, apartment number or P.O. box number, city, state zip code, country						Email address			
Term Fall semester	Spring semeste	r Summer				Year		Gender male female	
College of enrollment or degree program (if currently admitted)						Enrollment status (check one) undergraduate graduate			
PART 2. Enrollme	nt								
DROP FROM CLASSES— information on the cons credits-financial-aid Course subject, number, section (Arts 1101-001) 5-digit class number	equence of ta	the course informat Course si section (A	o to https://d	d below fo	or eac	ch class:	/ minimun		
Coach Signature						Date			
PART 4. Certificat	ion								
I understand that if I wi be responsible for any			drop deadlir	ne, I will r	eceiv	re a 'W' on n	ny transci	ript and will s	still
Student Signature		Date							

To request copies of this form in an alternative format, please call the Disabilities Services liaison at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.

