



# FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

## REGISTRAR'S OFFICE

112 Foote-Hilyer Administration Center

Tallahassee, FL 32307-3200

Office: (850) 599-3115 Fax: (850) 561-2428 Email: [registrardocs@famu.edu](mailto:registrardocs@famu.edu)

### Registration Cancellation Request Form

**Please complete this form.**

You may request for registration cancellation for current or future term before the end of add/drop period for that term. Your classes may be cancelled with no fee liability if (a) You did not attend any of the classes (b) No instructor marked you as attending in iRattler, and (c) No Financial Aid disbursed or anticipated for the requested term.

**NOTE:** This request, if approved, cancels **All CLASSES**. You may remain liable for some charges on your account. Please contact your academic department or Student Accounts for additional information or questions about your account.

**TERM:**  Fall  Spring  Summer Academic Year **20** \_\_\_\_\_

LAST DAY OF ATTENDANCE: \_\_\_\_\_

|                            |   |       |             |  |
|----------------------------|---|-------|-------------|--|
| <b>Student ID#:</b> _____  | <b>Classification(s):</b> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Professional <input type="checkbox"/> Co-Op <input type="checkbox"/> Non-Degree |       |             |  |
| <b>Full Name:</b>          | _____   | _____ | _____       |  |
|                            | Last  | First | Middle      |  |
| <b>Address:</b>            | _____   |       |             |  |
|                            | Street/P.O. Box   |       |             |  |
|                            | _____   | _____ | _____       |  |
|                            | City  | State | Zip         |  |
| <b>Phone Number:</b> _____ | <b>FAMU Email:</b> _____  |       |             |  |
| _____                      |   |       | _____       |  |
| <b>Student's Signature</b> |   |       | <b>Date</b> |  |

For Office Use Below Only

APPROVED  DENIED

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
REGISTRAR'S OFFICE ADMINISTRATOR SIGNATURE

\_\_\_\_\_  
DATE