

106 Student Services Center, Stevens Point WI 54481-3897 715-346-3300; Fax 715-346-3526 esos@uwsp.edu

## CANCELLATION/WITHDRAWAL

l woul	d like to cancel/withdrav	r from the University of Wisconsin – Stevens Point for:
	☐ Wint	ester 1 (year) erim (year) ester 2 (year) mer (year)
Student Nam	e:	Student ID#:
Permanent A	ddress:	
	Street	
	City	State Zip
	Non-UWSP email	Phone number
if the Cancellat		however, I understand that registration deposit refunds will only be granted e Enrollment Services Center prior to the published cancellation dates found thdrawals.aspx
A <b>WITHDRAW</b> university:	VAL occurs once classes for the	e current term start. I understand that in withdrawing mid-term from the
1. I hav	re reviewed the Cancellation/V	Vithdrawal Checklist provided by Enrollment Services.
	2. I will be billed for any outstanding charges due the university.	
2. I will	be billed for any outstanding	
	\$100 registration deposit is no	t refundable.
3. The \$	\$100 registration deposit is no	t refundable. npleted prior to my withdrawal.

## Withdrawal from the University:

A student who voluntarily leaves the University at any time without completing the prescribed withdrawal procedures will be considered as still registered and will receive an F in each course in which enrolled. If you are withdrawing during the first eight days of the semester, only the date of withdrawal will appear on the transcript. After the eighth day and through the tenth week, you will receive a "W" for each course. Dates and actions are prorated for courses meeting less than the full term.

\*The effective date of any withdrawal is the date the official notification was received by Enrollment Services Center.

Please return this form to: Enrollment Services Center, 106 Student Services Center

Email: esos@uwsp.edu Fax: 715-346-3526