



# Cancellation of Pre-Registration *Before Semester Begins*

Name \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone number ( \_\_\_\_\_ ) \_\_\_\_\_

Student ID number \_\_\_\_\_

I am withdrawing from the University for the semester \_\_\_\_\_ Year \_\_\_\_\_ .

Brief explanation \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Office of the Registrar • P.O. Box 261954 • Conway, SC 29528-6054 • 843-349-2019 • Fax: 843-349-2909

**For use by Office of Registrar Only**  
Entry by \_\_\_\_\_ Date \_\_\_\_\_