



Alabama A&M University  
 P.O. Box 848  
 Normal, AL 35762  
 (256) 372-5254

# Cancellation of Registration Form

STUDENT NAME \_\_\_\_\_

STUDENT ID NUMBER \_\_\_\_\_

TERM REQUESTED \_\_\_\_\_ YEAR REQUESTED \_\_\_\_\_

REASON FOR THIS REQUEST \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Did you apply for Financial Aid for the requested term?  YES  NO

If you answered yes, you must cancel your financial aid and return any refunds received. Clearance from the Financial Aid Office and the Office of the Registrar must be documented on this form.

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

*Do not write below this line*

**Financial Aid Office:**

- Approved
- Denied

\_\_\_\_\_  
 Financial Aid Director Signature Date

**Office of the The Registrar**

- Approved
- Denied

Registrar's Seal

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