

LINCOLN UNIVERSITY
Notice of Cancellation*

Date	Registration No.	ID	Last name	First name

Current Program or Academic Status: DBA MS MBA BA BS AS UT IAEP Auditor

Status: U.S. International Student Financial Aid: No Yes If yes, please provide SSN: _____

Are you withdrawing from this academic term only or from the University permanently?

For this academic term (Fall, Spring, Summer, 20__) only From the University permanently

Please mention all the course(s) you intend to cancel below.

Course No.	Course Title	Units	Instructor's Remarks

Student's Signature

Date

Accepted - Director of Admissions and Records

Date

DO NOT WRITE BELOW THIS AREA

Admissions and Records Office: Comments: _____

Accounting Office:

Withdrawal Processing Fee: \$95.00 Other fees: \$ _____ Total Amount: \$ _____	Amount paid: \$ _____ Receipt No. : _____ Calculated By: _____ Date: _____
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* Student is required to pay the necessary fees.

Received By: _____ Date Received: _____

PLEASE RETURN THIS FORM TO ADMISSIONS AND RECORDS OFFICE