



Registration Cancellation Form

(Cancel classes for students who pre-registered or failed to pay for classes)

Student Name: _____ Student ID: _____

Term: Summer 20 _____ Fall 20 _____ Spring 20 _____

Reason: (Check one):

- | | |
|--|---|
| <input type="checkbox"/> Academic Problems | <input type="checkbox"/> Desired Course(s) not offered |
| <input type="checkbox"/> Work Schedule | <input type="checkbox"/> Lack of Transportation |
| <input type="checkbox"/> Graduated | <input type="checkbox"/> Financial Difficulties* |
| <input type="checkbox"/> Health Related Problems | <input type="checkbox"/> Transferred to another institution |

*If you selected Financial Difficulties, please complete next section:

- Financial Aid:
- Did not apply for financial aid
 - Applied but application not completed
 - Lost awards due to prior academic work
 - Application completed but received no/not enough funds

- Did not pay
- Did not attend class
- Unknown, only notified us
- Other: _____

Does student intend to return to SGSC? Yes No Next Semester? Yes No

*Student comments: _____

Student Signature _____ Date _____

Office Use Only: Processed by _____ Date _____