



## CANCELLATION OF ENROLLMENT

Date: \_\_\_\_\_

Dean: \_\_\_\_\_

College of: \_\_\_\_\_

University of Negros Occidental – Recoletos

Sir/Madam:

May I request for the cancellation of my enrollment for this semester because of the following reason(s):

- Sickness
- Change of residence
- Financial incapability
- Others : \_\_\_\_\_

I agree to pay necessary charges by the Accounting Office.

Very truly yours,

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Signature*

### Approval

- |  |       |             |
|--|-------|-------------|
| 1. Approved – Dean of the College:         | _____ | Date: _____ |
| 2. Received and Cancelled ID – DSA Office  | _____ | Date: _____ |
| 3. Cleared of Accounts – VP Finance Office | _____ | Date: _____ |
| 4. Implementation of Remarks – Registrar   | _____ | Date: _____ |

### IMPORTANT REMINDER:

Cancellation of your enrollment will be effected only when this form is duly accomplished and submitted to the Registrar’s Office on or before the close of enrollment period.