



# Application Cancellation Request

Please complete, sign and return this page immediately if you wish to cancel your application to UWM.

CANCEL my application; I do not plan to attend UWM in the next year.

Name (PLEASE PRINT): \_\_\_\_\_

Reason(s) for cancellation (please circle number of all that apply):

Address: \_\_\_\_\_

- 1. On-campus housing not available
- 2. Plan to attend another institution
- 3. Plan to serve in military instead
- 4. Did not get sufficient financial aid/scholarships
- 5. Plan to work instead
- 6. Other \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

UWM Campus ID #: \_\_\_\_\_

Of the above, the most important reason was # \_\_\_\_\_

Signature: \_\_\_\_\_

Please list name of school, if you are attending elsewhere:  
\_\_\_\_\_

**NOTE:**

If you have already registered, you must officially withdraw from classes BEFORE submitting this cancel request.

To cancel your application, fill out the form above and send to:

DEPARTMENT OF ENROLLMENT SERVICES  
UNIVERSITY OF WISCONSIN-MILWAUKEE  
PO BOX 749  
MILWAUKEE, WI 53201-0749

Or fax to: 414/229-6940

FOR OFFICE USE ONLY

This box is to be used if request is taken by a UWM staff member.

Staff Name: \_\_\_\_\_

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