



Cancel Pre-Registration Request

Student Name _____ Date _____

UIN _____ VA Student _____

Degree _____

I wish to cancel my pre-registration for the semester indicated below. I understand that I am not guaranteed the same class or schedule as the one for which I pre-registered.

Select Term and Year: _____ SPRING SUMMER FALL

Course Reference Number (CRN)	Course Subject	Course Number	Course Section

Student Signature _____ **Date**

Please Return to: Office of the Registrar Killeen, TX 76549 (254) 519-5452

Processed by/Date: _____