

UConn

STAMFORD

Request to Cancel Campus Change

Please return form to regional campus Registration office for processing*

Date: _____

Name: _____

7-digit Student ID #: _____

I authorize the cancellation of my campus change to Storrs for the upcoming semester.

Signature _____

*The Registration office will not cancel any meal plans or residential hall assignments that may have been approved before this cancellation was processed. It is the student's responsibility to complete further cancellations.