



East Georgia College
Office of the Registrar
131 College Circle
Swainsboro, GA 30401
Tel: (478)289-2014 Fax: (478)289-2140

Registration Voluntary Cancellation Form

****This form should ONLY be used prior to the first day of classes.**

Term: *(check one)* _____ Fall _____ Spring _____ Summer _____ Year: _____ Date: _____

Last Name	First Name	M.I.	EGC Student ID#
Mailing Address		Apt #	Tel: (____) _____
City	State	Zip Code	

I understand that completion of this form **prior to the first day of classes** authorizes a representative of the Registrar's Office to cancel the classes for the above term and no financial responsibility will be incurred. Furthermore, any registered coursework will not be reflected in my academic history and to attend future terms I understand that I **MUST** re-register for any desired coursework.

Student Signature: _____ Date: _____

Updated: 03/21/2011