

DATE: _____

Dear ATS Registrar:

I am not planning on registering for the upcoming quarter, per the reason(s) indicated below.

REASON(S) *optional*:

Student ID # or last 4 digits of SSN: _____

Name _____ Phone _____

Address _____ E-mail: _____@ashland.edu

City _____ State _____ Zip _____

___ indicate if address or other contact info has changed

___ I wish to remain on the current student list. I am planning on continuing my education within the next year.

___ Please remove my name from the current student list. I understand that my file will be placed on the inactive list. We would appreciate knowing the reason behind your decision.

