UNIVERSITY of **HOUSTON**

ENROLLMENT SERVICES

Submit in person to: Office of the University Registrar at the Welcome Center

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Fax to: 713-743-8342

Student Request for Official Term Withdrawal

Student Name:				myUH ID:
Phone #:		_Email:	First	Middle
Program/Plan:				Academic Career:
Withdrawal Term:	Fall	Spring _	_ Summer	
Initial all that apply:				
to the university bas earned. I understan Reporting Day of a withdrawing from cla	ed on federal re d that any future erm, all state ar asses will impac	egulations to financial and institution of my Satisf	hat require a refur aid will be cancele nal aid will be can actory Academic I	f I withdrawal from ALL classes I may owe financial aid back and calculation to determine the Federal Title IV Funds I d. I understand that if I withdrawal prior to the Official celed and I will owe this to the university. I understand that Progress standing and may cause me to lose my future sity scholarship I may lose scholarship eligibility.
	on for a reduced	d course lo	ad from the Interna	T VISAS — I understand that federal regulations require me ational Student and Scholar Services Office (ISSSO) prior to atthorization.
textbooks, uniforms	and equipment e Office of Athle	to avoid b	eing charged for t	ancial holds related to student-athlete services and return all nose items. I must also meet with Student-Athlete tion about current and future academic eligibility status and
VETERANS — I untuition, fees and the may impact my GI E	derstand that an rate of pursuit (ill benefits, hold A. For more info	enrollment ling me res ormation, I	status) reported to ponsible for the re will consult with a	the university will automatically initiate a recalculation of the VA. I Understand that withdrawing from the university payment of a portion of my tuition, fees and housing as Certifying Official for Veteran Educational Benefits at the
	rawals after th	e official r	eporting day requ	t any university support (i.e. graduate assignment, DSTF) will uire that I meet with my Academic Advisor and provide
DOCTORAL STUDStudies.	E NTS — I unde	rstand that	I must file a leave	of absence with the Office of Graduate and Professional
	ınds. I understa			nt outlines important information regarding housing f my room, complete all check out processes, and return my
pay outstanding cha the unused portion of	rges stemming of my meal plan	from my po I must sub	urchase of a UH D mit a meal plan pe	niversity does not automatically relieve me of my obligation to ining Services meal plan. To receive any available credit for etition requesting approval for cancellation. Visit instructions on filing meal plan petitions.
obligation to pay ou	standing charge e credit for my u	es stemmir	ng from my purcha	rawing from the university does not relieve me of my se of a UH parking permit or parking citations received. To rstand that I must return the permit to Parking and
				OR REDUCED REFUNDS, LOSS OF FINANCIAL AID OR HE APPROPRIATE OFFICES.
				emic implications including my degree plan, course on, I will consult with my academic advisor directly.
I understand that I may have an outstanding balance which, if unpaid will prevent me from future enrollment, ordering transcripts or utilizing other university services until paid in full. I understand that additional fees may be applied to any unpaid balance.				
	effective date an	d in accord	dance with the pub	date this form is processed and my partial refund, if any, will blished refund schedule. Any forms faxed outside business ext business day.
I further understand that I am dropping ALL classes and withdrawing from the university.				
Student's Signature			Date	