## UNIVERSITY of **HOUSTON**

## **ENROLLMENT SERVICES**

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

Fax to: 713-743-8342

Student Red	quest for	Official	Term	Withdrawa	al
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Student	Name:			ale	X			myUH ID:	2079436
Phone #	:	2819193 <mark>73</mark> 3		Email:	First	azyue@	cougarnet.uh		
Program	n/Plan: _	CS					Academ	ic Career: CS	<b>;</b>
Withdrav	wal Tern	n: <u>2205</u>	Fall	Spring	_ Summe	er			
Initial a	III that	apply:							
	to the u earned Reporti withdra	iniversity based or . I understand that ng Day of a term,	n federal reg any future all state and will impact	gulations t financial a d institutio my Satisf	hat requir aid will be nal aid wi actory Ac	e a refund ca canceled. I un Il be cancele ademic Prog	alculation to deter understand that if d and I will owe the cress standing and	rmine the Federa I withdrawal pric his to the univers d may cause me	or to the Official sity. I understand that to lose my future
	to obtain		r a reduced	course loa	ad from th	ne Internation	nal Student and S		regulations require me Office (ISSSO) prior to
	textboo Develo	ks, uniforms, and	equipment ice of Athle	to avoid b	eing char	ged for those	e items. I must als	so meet with Stu	services and return all ident-Athlete ic eligibility status and
	tuition, may im determ	fees and the rate of pact my GI Bill bea	of pursuit (e nefits, holdi or more info	enrollment ng me res rmation, I	status) re ponsible f will consu	ported to the or the repay It with a Cer	VA. I Understand ment of a portion	d that withdrawing of my tuition, fee	te a recalculation of ng from the university es and housing as ional Benefits at the
	be can	JATE/PROFESSIC celled. Withdrawa or-approved drop	ils after the	e official r	eporting	day require			assignment, DSTF) will visor and provide
	DOCTO Studies		— I under	stand that	I must file	e a leave of a	absence with the	Office of Gradua	ate and Professional
	cancela	ENT HOUSING — ation and refunds. avoid additional fe	I understan						ording housing occesses, and return my
а	pay out		stemming f meal plan I	rom my pu I must sub	urchase o mit a mea	f a UH Dining al plan petitio	g Services meal p in requesting app	olan. To receive a roval for cancella	
а	obligati receive	NG AND TRANSF on to pay outstand any available credortation Services.	ding charge	s stemmin	ig from m	y purchase c	of a UH parking pe	ermit or parking o	citations received. To
		TY DOES NOT AS EMENTS IF YOU						•	F FINANCIAL AID OR
		t a withdrawal fror erequisites and ot							
•		•	•	•				•	rdaring transarinta ar

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.

I further understand that my withdrawal from ALL classes is effective the date this form is processed and my partial refund, if any, will be calculated based on that effective date and in accordance with the published refund schedule. Any forms faxed outside business hours, during weekends or holidays will be processed and effective the next business day.

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I further understand that Law dropping ALL classes and withdrawing from the university.					
	04/10/2025				
Student's Signatur	Date				