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 I	Name:			None						myUH	ID:	None		
Phone #:	: <u> </u>	None	Last		Email:	First	None		Middle	•				
Program	/Plan:	Nor	ne					Ac	cademic C	areer: _	Noı	ne		
Withdrav	val Term	:Ye	ar .	Fall <u>X</u>	_ Spring _	Summe	er							
nitial a	ll that a		ai											
N	to the ur earned. Reportin withdray	niversity I unders ng Day of ving from	based on f tand that a f a term, al n classes v	ederal r iny futur I state a vill impa	egulations e financial and institution ct my Satis	that requir aid will be onal aid wi factory Ac	e a refund canceled. ill be cance ademic Pro	withdrawal fr calculation to understand led and I will ogress standi y scholarship	determing that if I we owe this ing and m	ne the Fe ithdrawa to the ur ay cause	edera al prio nivers e me	al Title IV Fu or to the Offi sity. I unders to lose my	inds I icial stand that	
N	to obtain	n authori:	zation for a	a reduce		ad from th	ne Internation	VISAS — I ur onal Student orization.						
	textbook Develop	ks, unifor ment an	ms, and e	quipmer e of Ath	nt to avoid b	eing char	ged for tho	cial holds rela se items. I m n about curre	ust also n	neet with	n Stud	dent-Athlete)	
	VETERA tuition, for may imp determin	ANS — I ees and pact my 0 ned by th	understanthe rate of Bill bene e VA. For	d that a pursuit efits, hol more in	(enrollment ding me res	status) re sponsible f will consu	eported to the for the repa alt with a Ce	e university value VA. I Under yment of a pertifying Offici	erstand th ortion of r	at withd ny tuitior	Irawin n, fee	ng from the es and hous	university ing as	
	be cance	elled. W i	thdrawals	after tl		reporting	day require	ny university e that I meet						
N I	DOCTO Studies.		UDENTS -	— I unde	erstand that	t I must file	e a leave of	absence wit	th the Offi	ce of Gr	adua	te and Prof	essional	
	cancelat	tion and		understa				outlines impo y room, com						
	pay outs	standing sed porti	charges st	emming neal plar	g from my p n I must sub	urchase o omit a mea	f a UH Dini al plan petit	ersity does n ng Services r ion requestin ructions on fi	meal plan ng approva	. To reco al for ca	eive a	any availabl ation. Visit		
	obligatio	n to pay any avai	outstandir able credi	ng charg	ges stemmii	ng from m	y purchase	wing from the of a UH park and that I mu	king perm	it or parl	king o	citations rec	eived. To	
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								ic implication , I will consul						
								event me fror Il fees may be					scripts or	

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

I further understand that Law drapping ALL classes and withdrawing from the university.

Student's Signatur

ALL classes and withdrawing from the university.

04/20/2025

Date

hours, during weekends or holidays will be processed and effective the next business day.