

**Student Request for Official Term Withdrawal**

Student Name: two test d myUH ID: 50  
Last First Middle  
 Phone #: 90 Email: akk@gmail.com  
 Program/Plan: on Academic Career: mon  
 Withdrawal Term: 2025 Fall ☒ Spring ☐ Summer ☐  
Year

**Initial all that apply:**

**STUDENTS RECEIVING FINANCIAL AID** — I understand that if I withdrawal from **ALL** classes I may owe financial aid back to the university based on federal regulations that require a refund calculation to determine the Federal Title IV Funds I earned. I understand that any future financial aid will be canceled. I understand that if I withdrawal prior to the Official Reporting Day of a term, all state and institutional aid will be canceled and I will owe this to the university. I understand that withdrawing from classes will impact my Satisfactory Academic Progress standing and may cause me to lose my future financial aid eligibility. I understand that if I am receiving a university scholarship I may lose scholarship eligibility.

**INTERNATIONAL STUDENTS HOLDING F-1 OR J-1 STUDENT VISAS** — I understand that federal regulations require me to obtain authorization for a reduced course load from the International Student and Scholar Services Office (ISSSO) prior to withdrawing from the university and that I have obtained such authorization.

**STUDENT-ATHLETES** — I understand that I must clear any financial holds related to student-athlete services and return all textbooks, uniforms, and equipment to avoid being charged for those items. I must also meet with Student-Athlete Development and the Office of Athletics' Compliance for information about current and future academic eligibility status and cancellation of remaining aid.

**VETERANS** — I understand that an official term withdrawal from the university will automatically initiate a recalculation of tuition, fees and the rate of pursuit (enrollment status) reported to the VA. I Understand that withdrawing from the university may impact my GI Bill benefits, holding me responsible for the repayment of a portion of my tuition, fees and housing as determined by the VA. For more information, I will consult with a Certifying Official for Veteran Educational Benefits at the Office of the University Registrar counter in the Welcome Center.

**GRADUATE/PROFESSIONAL STUDENTS** — I understand that any university support (i.e. graduate assignment, DSTF) will be cancelled. **Withdrawals after the official reporting day** require that I meet with my Academic Advisor and provide instructor-approved drop forms for each class (attached).

**DOCTORAL STUDENTS** — I understand that I must file a leave of absence with the Office of Graduate and Professional Studies.

**STUDENT HOUSING** — I understand that my housing agreement outlines important information regarding housing cancelation and refunds. I understand that I need to check out of my room, complete all check out processes, and return my keys to avoid additional fees.

**DINING SERVICES** — I understand that withdrawing from the university does not automatically relieve me of my obligation to pay outstanding charges stemming from my purchase of a UH Dining Services meal plan. To receive any available credit for the unused portion of my meal plan I must submit a meal plan petition requesting approval for cancellation. Visit <http://www.uh.edu/auxiliaryservices/dining/mealpetition.htm> for instructions on filing meal plan petitions.

**PARKING AND TRANSPORTATION** — I understand that withdrawing from the university does not relieve me of my obligation to pay outstanding charges stemming from my purchase of a UH parking permit or parking citations received. To receive any available credit for my unused parking permit I understand that I must return the permit to Parking and Transportation Services.

**THE UNIVERSITY DOES NOT ASSUME RESPONSIBILITY FOR LOST OR REDUCED REFUNDS, LOSS OF FINANCIAL AID OR OTHER ENTITLEMENTS IF YOU FAIL TO SEEK ADVISMENT FROM THE APPROPRIATE OFFICES.**

I understand that a withdrawal from **ALL** classes may have various academic implications including my degree plan, course requirements, prerequisites and other college policies. For more information, 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.

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.

I further understand that I am dropping **ALL** classes and withdrawing from the university.

Student's Signature



03/19/2025

Date