## UNIVERSITY of **HOUSTON**

## **ENROLLMENT SERVICES**

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

or

Fax to: 713-743-8342

Student Request f	or	Official	Term	Withdrawal
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Student I			Ottala	Ale	exander	J	Y	myUF	1 ID: 2	222222
Phone #:	28	319193 <mark>73</mark> 3		Email:	First	azyue@d	cougarnet.	albh		
Program	/Plan:	CS					Acad	emic Career: _	CS2	
Withdraw	val Term:	2024	Fall X	_ Spring	Summe	er				
Initial a	II that ap	Year Oply:								
А	to the uni earned. I Reporting withdrawi	versity based o understand tha	n federal re t any future all state a s will impac	egulations to e financial a nd institution of my Satisf	that require aid will be anal aid will actory Ac	e a refund cal canceled. I ur Il be canceled ademic Progr	lculation to denderstand that I and I will ow ess standing	etermine the F at if I withdrawa re this to the u and may caus	ederal Tal prior to niversity se me to	o the Official  I understand that lose my future
	to obtain	ATIONAL STUE authorization fo ng from the uni	r a reduce	d course lo	ad from th	e Internationa	al Student an	erstand that fe d Scholar Serv	deral req vices Of	gulations require me fice (ISSSO) prior to
۸	textbooks Developn	s, uniforms, and	equipmen	t to avoid b	eing char	ged for those	items. I must	also meet wit	h Stude	rvices and return all nt-Athlete eligibility status and
	VETERA tuition, fe- may impa determine	NS — I underst es and the rate act my GI Bill be	and that ar of pursuit ( nefits, hold or more info	enrollment ding me res ormation, I	status) re ponsible f will consu	ported to the or the repayment or the repayment to the transfer of the contract of the contrac	VA. I Underst nent of a porti	tand that without on of my tuition	drawing on, fees	a recalculation of from the university and housing as al Benefits at the
٨	be cance	ATE/PROFESS lled. Withdrawa -approved drop	als after th	e official r	eporting	day require th				signment, DSTF) wil or and provide
	DOCTOR Studies.	RAL STUDENTS	<b>3</b> — I unde	rstand that	I must file	a leave of al	osence with the	he Office of G	raduate	and Professional
	cancelation	T HOUSING — on and refunds. void additional f	I understa							ng housing sses, and return my
	pay outst		stemming meal plan	from my po	urchase of mit a mea	f a UH Dining Il plan petition	Services me requesting a	al plan. To rec approval for ca	ceive any	ne of my obligation to y available credit for on. Visit
	obligation receive a	AND TRANS to pay outstan ny available cre tation Services.	ding charg	es stemmir	ng from my	purchase of	a UH parking	g permit or par	king cita	ations received. To
		DOES NOT A							SS OF F	FINANCIAL AID OR
		a withdrawal fro equisites and o								
		may have an o ersity services ເ								ring transcripts or palance.
I further u	understan	d that my withd	rawal from	ALL class	es is effec	tive the date	this form is p	rocessed and	my parti	al refund, if any, will

be calculated based on that effective date and in accordance with the published refund schedule. Any forms faxed outside business

Date

04/20/2025

drapping ALL classes and withdrawing from the university.

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

I further understand

Student's Signatur