

University of Houston

Medical/Administrative Term Withdrawal Request Form

Form ID: 5

Status: PENDING

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the university collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receiving and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the university correct information about you that is incorrect.

1. Student Information

Name: n n
myUH ID: asada
College: asdad
Plan/Degree: asdasd

2. Current Mailing Address

Address: adasda
City, State, Zip: asdad, asdasd asdad
Phone: 1231231234
Email: ngupta21@CougarNet.UH.EDU

3. Term Information

Term & Year for Withdrawal: TERM_YEAR

4. Last Date Attended Classes

Last Date: LAST_DATE

5. Reason for Request

Type: **REASON_TYPE**

Details:

sadads

6. Additional Information

Financial Assistance: **FINANCIAL_ASSISTANCE**
UH Student Health Insurance: **HEALTH_INSURANCE**
Campus Housing: **CAMPUS_HOUSING**
F1/J1 Visa: **VISA_PENDING**
G.I. Bill Benefits: **GI_BILL**

7. Courses to be Withdrawn

<u>Subject</u>	<u>Number</u>	<u>Section</u>
asda	sadasd	asdasd

Acknowledgement

I understand that a request for a medical or administrative term withdrawal is a request to withdraw from ALL courses I am/was enrolled in for the identified term. The request must be filed no later than 140 days following the close of the semester in which the coursework was taken. The withdrawal, when completed, does not entitle me to a refund if it occurs after State mandated refund periods (**test**, I understand). If I am eligible for a refund, it will be applied to any previous balance due, and if I received student financial assistance or a scholarship, I may be required to pay back all or a portion of it. In addition, I certify that the information I have provided is complete and true and I authorize the University of Houston to make any investigation of the facts in this request.

Student Signature



Signature:

Date: **SIGNATURE_DATE**

Documentation

Number of Documents Submitted: **DOCUMENTATION_COUNT**

Files: **DOCUMENTATION_FILES**

Request Information

Date Submitted: **CREATED_DATE**

Request Status: **PENDING**

For Office Use Only

Department	Signature	Printed Name	Date
Academic Advisor/Committee Chair	_____	_____	_____
Dept Chair/Director of Graduate Studies	_____	_____	_____
Assoc Dean, Graduate Studies	_____	_____	_____
Vice Provost & Dean, UH Graduate School	_____	_____	_____