

Medical/Administrative Term Withdrawal Request Form

Form ID: 4

Status: REJECTED

1. Student Information

Name: jcarde24@CougarNet.UH.EDU e None
myUH ID: 3333333333
College: 333
Plan/Degree: 333

2. Current Mailing Address

Address: None
City, State, Zip: 3, 3 3
Phone: None
Email: jcarde24@CougarNet.UH.EDU

3. Term Information

Term & Year for Withdrawal: Fall 2024

4. Last Date Attended Classes

Last Date: April 19, 2025

5. Reason for Request

Type: Medical

Details:

ewfasf

6. Additional Information

Financial Assistance: **Yes**
UH Student Health Insurance: **Yes**
Campus Housing: **No**
F1/J1 Visa: **No**
G.I. Bill Benefits: **Yes**

7. Courses to be Withdrawn

Subject	Number	Section
ed	444	444

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 (4, 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 to make any investigation of the facts in this request.

Student Signature

Signature: static/uploads/signatures/sig\2n20250419222539.png
Date: **April 19, 2025**

Request Information

Date Submitted: **April 19, 2025**
Request Status: **REJECTED**

Administrative Decision

Status: **REJECTED**
Date: **April 19, 2025**