

# Medical/Administrative Term Withdrawal Request Form

Form ID: 6

Status: PENDING

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## 1. Student Information

Name: ngupta21@CougarNet.UH.EDU None  
myUH ID: 123123  
College: jdadasd  
Plan/Degree: asdasdad

## 2. Current Mailing Address

Address: asdasdasd  
City, State, Zip: asdasd, asd 123123  
Phone: 2312312313  
Email: ngupta21@CougarNet.UH.EDU

## 3. Term Information

Term & Year for Withdrawal: Spring 2025

## 4. Last Date Attended Classes

Last Date: February 23, 2312

## 5. Reason for Request

Type: Administrative

Details:

asdasdadasda
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## 6. Additional Information

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

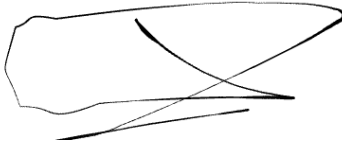
## 7. Courses to be Withdrawn

Subject	Number	Section
asdasdad	123123	23131

## 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 (**Yes**, 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:   
Date: **April 22, 2025**

## Request Information

Date Submitted: **April 22, 2025**  
Request Status: **PENDING**