

Medical/Administrative Term Withdrawal Request Form

Form ID: 8

Status: PENDING

1. Student Information

Name: jamascar@CougarNet.UH.EDU Gupta
myUH ID: 2199291
College: uh
Plan/Degree: degree

2. Current Mailing Address

Address: big address
City, State, Zip: ghs, asda asddasd
Phone: 1233451312
Email: jamascar@CougarNet.UH.EDU

3. Term Information

Term & Year for Withdrawal: Summer 2025

4. Last Date Attended Classes

Last Date: September 29, 8228

5. Reason for Request

Type: Medical

Details:

asdasd

6. Additional Information

Financial Assistance: **Yes**
UH Student Health Insurance: **Yes**
Campus Housing: **Yes**
F1/J1 Visa: **Yes**
G.I. Bill Benefits: **Yes**

7. Courses to be Withdrawn

<u>Subject</u>	<u>Number</u>	<u>Section</u>
213213	123123	312213

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: hiii
Date: **April 24, 2025**

Request Information

Date Submitted: **April 24, 2025**
Request Status: **PENDING**