Medical/Administrative Term Withdrawal Request Form

Form ID: 7

Status: PENDING

1. Student Information

Name: ngupta21@CougarNet.UH.EDU Gupta

myUH ID: **213123**

College: University of Houston

Plan/Degree: sdasda

2. Current Mailing Address

Address: asdadsasd

City, State, Zip: asda, texas 231313

Phone: **1231123213**

Email: ngupta21@CougarNet.UH.EDU

3. Term Information

Term & Year for Withdrawal: Fall 2025

4. Last Date Attended Classes

Last Date: November 23, 2021

5. Reason for Request

Type: Administrative

Details:

asdasd

6. Additional Information

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

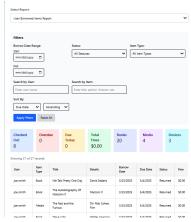
7. Courses to be Withdrawn

Subject	\mathbf{Number}	Section
asdasd	123123	123

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 23, 2025

Request Information

Date Submitted: April 23, 2025 Request Status: PENDING