

UNIVERSITY of HOUSTON GRADUATE SCHOOL

Medical/Administrative Term Withdrawal Request Form

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 name: _____ myUH ID _____ College _____ Plan/Degree _____
Last First Middle

2. Current mailing address: _____ Phone Number _____
City State Zip

3. Term (year & semester) for which you are requesting a withdrawal: _____

4. Reason for request: _____

5. Last date you attended classes (for online courses, last G D W H logged in): _____

6. Did you receive financial assistance for this semester? ** Yes No

7. Do you have UH student health insurance for this semester? ** Yes No

8. Do you live in campus housing? ** Yes No

9. Do you hold the F1 or J1 Visa? ** Yes No

10. Are you currently utilizing G.I. Bill benefits? ** Yes No

A request for withdrawal must include appropriate documentation verifying medical (or for Administrative Withdrawal—extraordinary non-medical) reasons that prevented you from course completion as exemplified below:

- a. Medical: Physician/psychologist letter with original signature and license number must certify your dates of treatment identify medical condition, injury or treatment and justify your inability to resume or successfully complete studies for the term in clear support of a medical withdrawal.
- b. Primary caregiver: Physician must certify that immediate family member was being cared for by you; include dates of impediment; bear an original signature and license number.
- c. Legal detention: Legal advisor must certify you were unable to complete coursework due to specific legal issue; include dates of incarceration/court appearance; bear an original signature.
- d. Death of immediate family member: Copy of original death certificate; immediate family member includes mother, father, sister, brother, child, spouse, grandparent.
- e. Military deployment: copy of the original military orders with active service dates.

All originals of requested documents must be submitted by the posted deadlines to expedite processing of the approved request. You must submit a statement accepting grade change and loss of completed courses with passing grades, if applicable.

Under a medical withdrawal, an enrollment hold will be placed on your account. In order to lift the hold and return to course enrollment: (a) submit a petition requesting reinstatement, including return from Leave of Absence for doctoral students; and (b) submit a doctor's letter verifying your ability to successfully resume coursework, usually from the same licensed professional who recommended withdrawal. Such documentation for reinstatement from medical withdrawal must be submitted no later than two weeks prior to start of the term of your intended reenrollment. Any future course enrollment will be cancelled unless hold is lifted.

**If you answer to any of these questions, you must speak with the appropriate campus office regarding the ramifications of a term withdrawal.

N Doctoral students must attach a separate petition requesting a Leave of Absence.
 International students must attach an approved Reduced Course Load R form.

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 (____ initial, 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.

Signature of Student _____ Date _____ Email Address _____

Academic Office Selection		Signature		Date	Type of Withdrawal: (Administrative or Medical)
<input type="checkbox"/> Approved	Academic Advisor/				
<input type="checkbox"/> Disapproved	Committee Chair	Signature	Printed Name	Date	
<input type="checkbox"/> Approved	Dept Chair/Director of				List all courses and sections to be Withdrawn:
<input type="checkbox"/> Disapproved	Graduate Studies	Signature	Printed Name	Date	
<input type="checkbox"/> Approved	Assoc Dean, Graduate				
<input type="checkbox"/> Disapproved	Studies/Designee	Signature	Printed Name	Date	
<input type="checkbox"/> Approved	Provost Dean,				Additional Comments:
<input type="checkbox"/> Disapproved	Graduate School	Signature	Printed Name	Date	