

# Graduate/Professional 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 receive 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.

To be completed by student – please print clearly

1. Student name: \_\_\_\_\_ MyUH ID \_\_\_\_\_ Program (College/Career) \_\_\_\_\_ Plan \_\_\_\_\_  
First Middle Last
2. Current mailing address: \_\_\_\_\_ Phone Number \_\_\_\_\_  
City State Zip

3. Year and Term for which you are requesting a Term Withdrawal. Year: \_\_\_\_\_ Check Term:  Fall  Spring  Six Week-First (Sum I)  
 Nine Week-First (Sum II)  12 Week-Regular (Sum III)  Six Week-Second (Sum IV)
4. Last date you attended classes (for online courses, last day logged in): \_\_\_\_\_
5. Do/Did you have financial aid (including a loan) for the semester?  Yes  No If YES--you must speak to a Financial Aid Officer; attach documentation

SFA USE Only	Print name/Title	Signature	Date
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6. Do/Did you have UH student health insurance for the semester?  Yes  NO 7. Do/Did you live in campus housing?  Yes  No
8. Do you hold the F1 or J1 Visa?  Yes  No If Yes, you must speak with an ISSSO representative regarding your intent to withdraw.

Reason for requested term withdrawal (Appropriate supporting documentation must be attached): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand that a request for a 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 the end of the semester following the semester in which I took the course work. 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 aid 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 Use Only

- Approved  Disapproved Advisor \_\_\_\_\_ Date \_\_\_\_\_  
Print Name
- \_\_\_\_\_ Sign Name
- Approved  Disapproved Chairperson \_\_\_\_\_ Date \_\_\_\_\_  
Print Name
- \_\_\_\_\_ Sign Name
- Approved  Disapproved College Dean \_\_\_\_\_ Date \_\_\_\_\_  
Print Name
- \_\_\_\_\_ Sign Name
- Approved  Disapproved Dean, GPS \_\_\_\_\_ Date \_\_\_\_\_  
Print Name
- \_\_\_\_\_ Sign Name

<b>Type of Withdrawal: (Administrative or Medical)</b>
<b>List all courses and sections to be Withdrawn:</b>
<b>Additional Comments:</b>