Please fill in the requested information below. The instructor's signature for each course is required to complete the add-drop/withdrawal process.

**Name:** ___________________________________________________________________________________

First     Middle     Last

**Student ID:** _____________ **School:** _________ **Term/Yr:** _________ **International Student:** Yes ☐ No ☐

**Drop** ☐ Complete Term Withdrawal ☐

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<tr>
<th>Subject</th>
<th>Catalog Number</th>
<th>Section</th>
<th>Course Title</th>
<th>Undergrad 6-Drop</th>
<th>Credit Hours</th>
<th>Grade</th>
<th>Instructor’s Signature</th>
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</tbody>
</table>

**Student Status (check if applicable)**

Yes ☐ No ☐ Student wishes to withdraw from all classes this semester.* Date: ___________

Yes ☐ No ☐ Student is resigning permanently from the institution.* Date: ___________

*The student’s official drop date is the date the student submitted the drop form.

**University Refund Policy per Title 3, Higher Education**

As per education code Sec. 54.006, I understand only withdrawals/resignations submitted during the refund period will be eligible for a refund. I have reviewed the refund schedule. I understand 100% refunds are not issued after the first-class day even if a student’s specific classes start after that day. I understand if I am on a payment plan, I am still responsible for the original tuition and fee charges and even if I resign during a refund period, I may still have future payments due on my plan. I understand there may be serious impact from this action if I receive any type of financial aid including grants, loans, or scholarships. The Financial Aid Office will be notified regarding my withdrawal/resignation from classes.

My signature below certifies I have read and understand the University Refund Policy.

**Signatures**

Student’s Signature: ___________________________ Date: ___________

Faculty/Academic Advisor: ___________________________ Date: ___________

Student Affairs: ___________________________ Date: ___________

Student Affairs (if needed): ___________________________ Date: ___________

International Affairs: ___________________________ Date: ___________

For questions, please email registrar@uth.tmc.edu or call 713-500-3388.