

**Instructions**

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**

Subject	Catalog Number	Section	Course Title	Undergrad 6-Drop	Credit Hours	Grade	Instructor's Signature
				<input type="checkbox"/> Counts <input type="checkbox"/> Exempt			
				<input type="checkbox"/> Counts <input type="checkbox"/> Exempt			
				<input type="checkbox"/> Counts <input type="checkbox"/> Exempt			
				<input type="checkbox"/> Counts <input type="checkbox"/> Exempt			
				<input type="checkbox"/> Counts <input type="checkbox"/> Exempt			

**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: \_\_\_\_\_

Applicable Grades:  
W, WF—SON, MDA-SHP  
WP, WF—SOD Adv Ed, GSBS  
W—SPH, SBMI, SOD DHy

Registrar's Office:  
\_\_\_\_\_