YEAR:_____

SEMESTER:_____

Texas Woman's University

WITHDRAWAL FORM

Part 1: *Completed by Student*

Date Initiated:_____ ID #:_____ Phone number:_____

Last name:_____First name:_____ Middle:_____

Local Address or Residence Hall Room: _____

Permanent Mailing Address: (street)_____(city)_____(state)_____(zip)_____

Are you:

International Student ___Yes ___No
A Financial Aid recipient___Yes ___No
A Student Athlete? ___Yes ___No
Utilizing VA benefits? ___Yes___No

If receiving a refund: _____apply to future semester *(specify term)*
_____refund via Higher One choice for refunds
_____apply to credit card used in online payment
(mandatory if credit card used for online payment)

Reason for Withdrawal: _____

_____

_____

I hereby request that I be withdrawn from Texas Woman's University for the current semester/term subject to all regulations pertinent to withdrawal and refunds and affirm that all above information is correct. I understand that subsequent registration or re-admission must be in accordance with the University's regulations in effect at the time. I understand that all my financial obligations to the University must be paid before I may register again or receive copies of my academic records. If I am eligible for any refund, I am aware that it will be computed as of the effective date of this action and may be reduced by any debt I currently owe the University or my failure to complete the withdrawal process. I understand that I am responsible for obtaining the instructors signatures, and that the withdrawal grades must be assigned by the instructors at that time. By my signature below, I acknowledge that I have read and fully understand the information on the Withdrawal Form.

Student's Signature: _____ **Date:** _____

Form must be turned in to the Office of Student Life.
For questions, please contact Office of Student Life. Phone: 940-898-3615, Fax: 940-898-3629

Part 2 – After academic penalty date for term, this section must be completed. ***See online academic calendar for census dates.*** ***REQUIRED:** Instructor must check grade box of W or WF after no-penalty period.*

DEPT	COURSE	SEC	DESCRIPTION	INSTRUCTOR SIGNATURE	DATE	W	WF

Part 3 – Completed by the Vice President of Student Life

The student listed above, enrolled in the College of _____ has been withdrawn from Texas Woman's University. **Official Withdrawal Date: _____ Semester:_____ 20____.**

Comments:_____

_____

_____

_____ _____

Vice President for Student Life **Date**