



## **Student Withdrawal Form**

This form is to be used by students wishing to drop <u>all</u> enrolled courses for the current term. If you wish to drop one or more courses but still remain enrolled in at least 1 credit hour, you must complete the course drop online instead of using this form, provided you have not missed the drop deadline posted on the <u>Academic Calendar</u>.

| Withdrawals can only be requested between the first day of class and online. Students are encouraged to review the withdrawal and refund   |   |                                   | ic Calendar available        |
|--|---|-----------------------------------|------------------------------|
| Reason for Withdrawal: Academic Difficulty   | Employment 🗌 Financial [                    | ☐ Health ☐ Military S             | Service                      |
| International Students must obtain required signature (F-1 & J-1 visa)   | Signature of International Advisor          |                                   | Date                         |
| Student Athletes must obtain required signature  | Signature of Associate AD for               | Academic Services                 | <br>Date                     |
| All the following must be acknowledged in order to process your wi   | thdrawal request.                           |                                   |                              |
| I understand that by submitting this form I am requesting to be with<br>current term will remain as drops.   | Irawn from <u>all</u> my enrolled courses f | or the current term. Previousl    | y dropped courses for the    |
| I understand that I may have a balance with the university after the balance may prevent future registration and/or transcripts from being it  | withdrawal is processed and I am avissued.  | vare that the refund policy is    | available online. Such       |
| ☐ I understand that I must ensure the University has all my updated or   | ontact information in case they need        | to reach me about this proce      | ess.                         |
| ☐ I understand that if an extenuating circumstance caused the withdra withdrawal appeals by visiting https://www.utrgv.edu/ucentral/appeals/.  | wal, I may have the option to appea         | I. You may find more informa      | tion about                   |
| ☐ I understand that if I do not enroll at UTRGV for two consecutive ser  | mesters (either fall and spring, or sp      | ring and fall), I will be require | d to reapply.                |
| For students that receive(d) Financial Aid:  |   |                                   |                              |
| I understand that if I received Federal Financial Aid (Pell, FSEOG, TE course enrollment and attendance. I am aware that I may have an Return of Title IV information online. I understand that the Financia | additional balance due to the Return        | of Title IV funds process and     | d I have reviewed the        |
| ☐ I acknowledge that if I received Federal Financial Aid, a withdrawal can request one to finaid@utrgv.edu if I'm submitting this form election.   |   | was available to me at the tir    | me of the withdrawal or that |
| I understand this withdrawal will have an impact on my Satisfactory.   | Academic Progress (SAP) and I am            | aware that the SAP policy is      | available online.            |
|  |   |                                   |                              |
| Student Name:(Please print current name on file)   |   | ID#:                              |                              |
| *Student Signature:  | Term / Year:                                | Date:                             |                              |

\*If you have been instructed to submit this electronically, type "Submitted by UTRGV Email" in the Student Signature line.