

# TEXAS SOUTHERN UNIVERSITY

## OFFICE OF REGISTRAR

3100 Cleburne Street, Houston, Texas 77004

(713) 313-7071

Initial Last Name

### STUDENT WITHDRAWAL FORM

**PLEASE PRINT USING BLACK INK**

This form is to be completed by students who withdraw from the University during a specific term. Withdrawal is equivalent to dropping ALL courses (or the LAST class) of a term in which the student is registered. Students who withdraw from all classes are subject to the regulations defining academic standing as printed in the University Catalog or online at <http://www.em.tsu.edu>.

**THE EFFECTIVE DATE OF WITHDRAWAL IS THE DATE THIS FORM IS PROCESSED AT THE ENROLLMENT SERVICES COUNTER. THIS FORM MUST BE ACCOMPANIED BY A PHOTO ID.**

Name \_\_\_\_\_  
*Last* *First* *Middle*

Student ID \_\_\_\_\_ Major \_\_\_\_\_

Classification \_\_\_\_\_ Semester  Fall  Spring  Sum I  Sum II

Address \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City* *State* *Zip*

#### Indicate Your Status if Applicable

- An International Student  A Student Athlete  A Financial Aid Recipient

#### Reason for Withdrawal (Please check one)

- Academic Difficulty  Financial Difficulty  Health  Housing  
 Judicial Matters  Armed Forces  Personal  Work-Related

Transferring to \_\_\_\_\_  Other \_\_\_\_\_  
*University Name*

I hereby affirm that all the above information is correct. I further hereby request that I be withdrawn from Texas Southern University for the current semester/term subject to all regulations pertinent to withdrawal and refunds. 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 have read and fully understand the information on the Student Withdrawal Form.

Student Signature \_\_\_\_\_

#### THIS PART TO BE COMPLETED BY ACADEMIC DEAN OR DEAN'S REPRESENTATIVE

The student named above, enrolled in the College of \_\_\_\_\_, has requested withdrawal from Texas Southern University. This request has been approved. International students must report to the International Student's Office after withdrawing.

Account Balance Due

Comptroller \_\_\_\_\_ Academic Dean \_\_\_\_\_

Financial Aid Counselor \_\_\_\_\_

#### THIS PART TO BE COMPLETED BY THE REGISTRAR OFFICE

Registrar \_\_\_\_\_ Official Withdrawal Date \_\_\_\_\_