



STUDENT WITHDRAWAL FORM

This form is to be used if you are dropping all of your classes for the semester. If you wish to drop a course but still be enrolled in at least one other course for the same semester, please complete the Course Add or Drop Request Form.

This form must be received by 5 PM. MST or the request will be processed the next business day.

R#: _____ Semester: _____

Student Full Name: _____

Are you a/an (select one): Undergraduate Student Graduate Student

What was the last day you attended classes during the semester you are withdrawing from?

When did you begin to think about withdrawing from TTUHSC El Paso GGHSON?

Are you employed?

If yes, how many hours a week do you work?

Do you plan to return to TTUHSC El Paso?

Unsure

No

Yes

If yes, when do you plan to return?

Fall 20__ Summer 20__ Spring 20__

Please indicate your primary reason for your withdrawal from TTUHSC El Paso:

Academics

Military

Family

Personal

Financial

Other

Health/Medical

If other, please explain:

By completing and submitting this form:

I understand that it is my responsibility to determine if I have incurred any debt to TTUHSC El Paso and will be responsible for this monetary amount. This also includes the return of Title IV funds to the US Department of Education as required by the federal regulations or the cancellation or proration of state or institutional funds as determined by the TTUHSC El Paso Financial Aid Office. I also understand this includes Military benefits (i.e., Hazelwood, Post 9/11, and Tuition Assistance) that I may have received. Students are encouraged to understand all academic and financial implications and commitments with the withdrawal process.

I acknowledge that I have met with my Academic Faculty Advisor or Assistant Dean or Program Director to discuss the implications to my degree plan.

Student Signature

Date

Office of Student Affairs Advocate

Date

Assistant Dean

Date

Office of the Registrar

Processed by: _____

Date: _____