

TEXAS SOUTHERN UNIVERSITY

OFFICE OF REGISTRAR

3100 Cleburne Street, Houston, Texas 77004

(713) 313-7071

STUDENT WITHDRAWAL FORM

Initial Last Name

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 I further hereby request that I be withdrawn from Texas Southern University for the current semester/term subject to all regulations pertinent to withdrawal and refunds.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 _____