

The University of Texas—Houston

Add-Drop/Withdrawal/Audit Form

Name:

,

Last First MI

Student Number:

 School:

 Term:

Add	Subject	Catalog No.	Section	Title	Credit Hours	Action			Instructor's Signature	
						Re-take	Audit	Add		
							<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Student is withdrawing from the institution: Yes No If Yes, SCHOOL must enter last date of attendance below.
 I understand that 100% refunds are not issued after the first class day even if a student's specific classes start after that day. I understand that if I am on a payment plan, I am still responsible for the original tuition and fee charges and that even if I resign during a refund period, I may still have future payments due on my plan.

Drop/Withdrawal	Subject	Catalog No.	Section	Title	Credit Hours	Undergrad 6-Drop	Grade	Instructor's Signature	
							<input type="checkbox"/> Counts <input type="checkbox"/> Exempt		
							<input type="checkbox"/> Counts <input type="checkbox"/> Exempt		
							<input type="checkbox"/> Counts <input type="checkbox"/> Exempt		
							<input type="checkbox"/> Counts <input type="checkbox"/> Exempt		

For Withdrawal, SCHOOL enters the last day of class attendance (mm/dd/yyyy)? _____

Applicable Grades:

Student's Signature _____ Date _____

W, WF—SON, MDA-SHP

Dean/Student Affairs _____ Date _____

WP, WF—SOD Adv Ed, SBMI, GSBS

Advisor _____ Date _____

W—SPH, SOD DHy

International Affairs _____ Date _____

(Not required for U.S. Citizens or U.S. Permanent Residents)

Students: PLEASE BRING SIGNED COPY TO THE OFFICE OF THE REGISTRAR, UCT 2250

SAO's: Please fax or send as email attachment to the Registrar's Office