

Student Withdrawal Form - SHP

Students: Please provide information requested in Section A. Please check box stating that the information you are submitting is true to the best of your knowledge. In addition to the check box, type your name in the box provided. This will be your electronic signature. This form can be submitted by saving the form to your computer and then submitting the form as attachment in an email to your advisor and/or department chairperson. Problems with the form can be directed to shp.academicaffairs@utmb.edu.

SECTION A - To Be Completed By Student

Student Name:

Last

First

Middle

Student ID#: _____

Department: _____

I understand that I am withdrawing from school permanently and that I will not return.

Additional notes:

By checking this box, I certify that the information provided in this form is correct and true.

Typed Student Name (Acts as Document Signature)

SECTION B - SHP

Department - Please Note:
If student is currently enrolled, please submit:
- Class Schedule Change & Withdrawal form

Signature of Department Chairperson

Date

Please send form to Academic & Student Affairs by saving the document and submitting it as an attachment to shp.academicaffairs@utmb.edu.

Associate Dean for Academic & Student Affairs

Date

SECTION C - Enrollment Services

Financial Aid Clearance: _____

Registration Clearance: _____

Records Clearance: _____

Stamp Date Received Here