

**Enrollment Services**  
**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](mailto: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](mailto: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