

**TEXAS A & M INTERNATIONAL UNIVERSITY
WITHDRAWAL (DROP) FORM**

PLEASE PRINT ALL INFORMATION

PLEASE NOTE: If withdrawing from **ALL COURSES** for the semester, a different form must be completed and appropriate signatures obtained.

If you receive **FINANCIAL AID**, you must also obtain a signature from the Financial Aid Office on the line indicated below.

SEM/YR: _____ NAME: _____ CWID# _____

1) COURSE FROM WHICH WITHDRAWAL IS REQUESTED:

_____ Professor _____
Course Number and Section Title

2) COURSE FROM WHICH WITHDRAWAL IS REQUESTED:

_____ Professor _____
Course Number and Section Title

REASON FOR DROPPING COURSE (S):

- | | |
|--|---|
| <input type="checkbox"/> Work | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Family Problem | <input type="checkbox"/> Course too difficult |
| <input type="checkbox"/> Medical Reasons | <input type="checkbox"/> Other _____ |

_____ Student Signature Date

Checked by Financial Aid Office on _____ by _____.

Duplicate will be mailed to professor after withdrawal is processed.

FOR OFFICE USE ONLY: Date processed on SIS _____ By: _____

white copy - Registrar's Office / yellow copy - Professor / blue copy - Financial Aid / pink copy - Student

4/04 g:\form\withdraw.wpd

Office of the Registrar / 5201 University Boulevard / Laredo, TX 78041-1900

956-326-2250 (voice) / 956-326-2249 (fax)

TEXAS A & M INTERNATIONAL UNIVERSITY WITHDRAWAL FROM ALL COURSES

PLEASE PRINT ALL INFORMATION

SEM/YR: _____ NAME: _____ SS# _____

REASON FOR WITHDRAWAL:

- Work (WK) Personal (PS)
 Family Problem (FP) Course too difficult (TD)
 Medical Reasons (HE) Other _____

COURSES WITHDRAWING FROM:

PROFESSOR:

Student Signature

Date

If you receive **FINANCIAL AID**, you must also obtain a signature from the financial aid office:

- Checked by Financial Aid Office on _____ by _____ FA hold placed to retain aid
 hold #62 placed

Note: Student records will be held until all holds are cleared.

OFFICE USE ONLY:

INTERVIEWER COMMENTS: _____

Tuition and fees paid with: _____

REFUND DUE --withdrew prior to first class day or during first four weeks regular semester
Percentage: _____ Attach copy of refund request form Hold #62 posted if needed

Matriculation Ended on Screen 110 SCREEN 119 POSTED

WITHDRAWAL PROCESSED BY: _____ DATE: _____

PROFESSORS NOTIFIED BY: _____ DATE: _____

6/03

white copy - Registrar's Office / yellow copy - refund record / blue copy - financial aid / pink copy - student copy
c:\form\withdraw.frm

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