TAMIU
UNIVERSITY HONORS
& UNDERGRADUATE
RESEARCH PROGRAM

Student Information

Student (Last, First Name) _____ TAMIU ID: A_____

Reason for withdrawal:

☐ **I am withdrawing from the University Honors & Undergraduate Research Program as of _____.**

Reason for withdrawal: *Print Legibly*

_____
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Certification

By signing this application, I hereby certify that the information on this form is complete and accurate to the best of my knowledge. I acknowledge that I am no longer a member of the University Honors & Undergraduate Research Program and renounce any scholarship awarded from my participation in the University Honors & Undergraduate Research Program.

Please be aware that if you are awarded any honors scholarship, half of the payment will be disbursed at the beginning of the semester and the other half at the end of the semester upon completion of the agreement. Should you choose to withdraw from the honors program or fail to meet eligibility requirements, the scholarship may be discontinued and you may be disqualified from future honors scholarships.

Student Signature: _____ Date: _____

Faculty Mentor Signature: _____Date: _____

Program Representative Signature: _____ Date: _____

Program Use Only: ☐ Banner Code ☐ Banner Hold
☐ Black Board ☐ LISTSERV