



Student Request for Official Withdrawal

Office of the Registrar

Your Name: _____ Your Student ID: _____

Cell phone or contact number: _____

Semester and year of withdrawal: Fall ____ Spring ____ Summer ____

Are you planning to return to HBU? Yes ____ No ____

Are you registered for an upcoming semester? Fall ____ Spring ____ Summer ____

Yes ____ No ____ Undergraduate?

Yes ____ No ____ Receiving Scholarship/ Financial Aid?

Yes ____ No ____ Graduate?

Yes ____ No ____ Living on campus?

Yes ____ No ____ Athlete*?

Yes ____ No ____ Currently receiving VA benefits?

Yes ____ No ____ International Student*?

Yes ____ No ____ Spoken with your Academic Advisor(s)? _____

Your HBU email account will be closed if you are not registered for an upcoming term.

Reason for your withdrawal:

____ Financial ____ Transferring ____ Other

____ Health issues ____ Personal

____ Job conflicts ____ Dissatisfied with my academic progress

____ Family responsibilities ____ Never attended

Explanation: _____

I hereby request I be withdrawn from Houston Baptist University, subject to all regulations pertinent to withdrawal and refunds, and affirm all above information is correct. I understand subsequent registration or readmission must be in accordance with the University's regulations in effect at that time. I understand that all financial obligations to the University must be paid before I may register again or receive copies of my academic records. If I am eligible for any refund, I understand it will be computed as of the effective date of this action and may be reduced by any debt I currently owe the University or by my failure to complete the withdrawal process. I accept full responsibility for any and all consequences of withdrawing from Houston Baptist University.

Student's Signature: _____ Date: _____

Course(s) Info:

Name of Course	Course #	Instructor Name	Last Date of Attendance

Approvals – Required signatures (Advisor & Dean Signatures are not required for non-attendeess)

*Athletic Department: _____	<small>Approve / Disapprove</small> ____ / ____	Official Withdrawal Date: _____
Advisor: _____	____ / ____	Date: _____
Dean: _____	____ / ____	Date: _____
Financial Aid: _____	____ / ____	Date: _____
*International Student Office (if necessary): _____	____ / ____	Date: _____
Provost: _____	____ / ____	Date: _____
(Administrative & Non-attendeess after census date)		
Financial Operations: _____	____ / ____	Date: _____
(Only after the census date)		

Take this form to the Office of the Registrar (Brown Complex Room 154).

For Office Use Only:
Processed by _____ Date _____