

Withdrawal Request

Use this form when you plan to withdraw from all classes for a specified term.

Last Name: _____ First Name: _____
H#: _____ HCU Email: _____

Term & year of withdrawal: ☐ Summer _____ ☐ Fall _____ ☐ Spring _____

Do you plan to re-enroll at HCU in the current term? ☐ Yes ☐ No

Do you plan to re-enroll HCU in a future term? ☐ Yes ☐ No (your HCU email account will be closed)

Please indicate the term in which you plan to return: ☐ Summer _____ ☐ Fall _____ ☐ Spring _____

Check all that apply: ☐ Undergraduate ☐ Graduate ☐ Receiving financial aid* ☐ Living on campus

☐ Athlete* ☐ International* ☐ Receiving VA Benefits* *Requires appropriate signature below

Reason for your withdrawal:

☐ Financial ☐ Transferring ☐ Health concerns ☐ Job conflicts ☐ Family responsibilities

☐ Dissatisfied with my academic progress ☐ Administrative withdrawal ☐ Other _____

List the courses from which you are withdrawing:

Last date of attendance and instructor signature are only required on or after the first day of the withdrawal term.

CRN	Course Subject & Number	Last Date of Attendance	Instructor Signature

I hereby request I be withdrawn from Houston Christian University, subject to all regulations pertinent to withdrawal and refunds, and affirm all above information is correct.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 Christian University.

Student Signature: _____ Date: _____

Advisor and dean signature are only required on or after the first day of the withdrawal term.

Advisor Signature: _____ Date: _____ ☐ Approved ☐ Denied

Dean Signature: _____ Date: _____ ☐ Approved ☐ Denied

*Financial Aid Signature: _____ *Athletic Signature: _____

*International Signature: _____ *VA Signature: _____

Provost Signature (if necessary): _____ Date: _____ ☐ Approved ☐ Denied

Office of Academic Records Use Only
Processed by: _____
Date: _____

