

The University of Texas—Houston

Add-Drop/Withdrawal/Audit Form

Name: ,
Last First MI

Student Number: School: Term:

| Add | Subject | Catalog No. | Section | Title | Credit Hours | Action | | | Instructor's Signature | |
|-----|---------|-------------|---------|-------|--------------|---------|--------------------------|--------------------------|------------------------|--------------------------|
| | | | | | | Re-take | Audit | Add | | |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |

Student is withdrawing from the institution: Yes No If Yes, SCHOOL must enter last date of attendance below.
 I understand that 100% refunds are not issued after the first class day even if a student's specific classes start after that day. I understand that if I am on a payment plan, I am still responsible for the original tuition and fee charges and that even if I resign during a refund period, I may still have future payments due on my plan.

| Drop/Withdrawal | Subject | Catalog No. | Section | Title | Credit Hours | Undergrad 6-Drop | Grade | Instructor's Signature |
|-----------------|---------|-------------|---------|-------|--------------|--|-------|------------------------|
| | | | | | | <input type="checkbox"/> Counts <input type="checkbox"/> Exempt | | |
| | | | | | | <input type="checkbox"/> Counts <input type="checkbox"/> Exempt | | |
| | | | | | | <input type="checkbox"/> Counts <input type="checkbox"/> Exempt | | |
| | | | | | | <input type="checkbox"/> Counts <input type="checkbox"/> Exempt | | |

For Withdrawal, SCHOOL enters the last day of class attendance (mm/dd/yyyy)? _____

Applicable Grades:

Student's Signature _____ Date _____
 Dean/Student Affairs _____ Date _____
 Advisor _____ Date _____
 International Affairs _____ Date _____
 (Not required for U.S. Citizens or U.S. Permanent Residents)

- W, WF—SON, MDA-SHP
- WP, WF—SOD Adv Ed, GSBS
- W—SPH, SBMI, SOD DHy

Students: PLEASE BRING SIGNED COPY TO THE OFFICE OF THE REGISTRAR, UCT 2250
SAO's: Please fax or send as email attachment to the Registrar's Office