

Withdrawal Request

Process and Steps for Completing the Withdrawal Request Form

Withdrawal occurs when a student drops all of the classes in a term after classes have begun. The final day to withdraw from the term is the last day of class.

Steps: 1) obtain a grade, and signature, from the instructor of each course; 2) obtain a signature from the college dean or designee; 3) obtain a signature from the Bursar, and, if applicable, from the Office of Financial Aid; and 4) submit the completed form with all signatures and dates, as noted at the bottom, to Admissions and Records, BSEB 200. It is the student's responsibility to complete this form accurately and completely.

Policy

Tuition Refund: Withdrawn students are refunded tuition and fees according to the Oklahoma State Regents refund policy. Refer to the Academic Calendar for the specific dates affecting refunds.

Grades: Students withdrawing from all classes in the 1st two weeks of class (or the 1st week of summer session) receive no grade. Students withdrawing from all classes in the 1st six weeks of classes (1st three weeks of a summer session) receive the grade of "W" in each course of enrollment. Beginning with the 7th week (4th week of summer session) through the last day of classes of the semester or summer term students must receive a grade of "W" or "F" from the instructor in each course upon withdrawal. Graduate College Students must be passing a course with a grade of "C" or better to drop a course with a "W".

Student Name (please print)			Student ID Number	Telephone Number
Last Name	First Name	Middle		()
College and Major	Year in Program	Withdrawal		Term and Year
		<input type="checkbox"/> Term Withdrawal <input type="checkbox"/> University Withdrawal		

Reason for Withdrawal/Comments:

Student

Administrative

Subject Area	Catalog Nbr	Section	Class Nbr	Course Title	Hours
Grade – To Be Completed by Instructor			Instructor Signature		Date
<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> No Grade <input type="checkbox"/> _____					
Subject Area	Catalog Nbr	Section	Class Nbr	Course Title	Hours
Grade – To Be Completed by Instructor			Instructor Signature		Date
<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> No Grade <input type="checkbox"/> _____					
Subject Area	Catalog Nbr	Section	Class Nbr	Course Title	Hours
Grade – To Be Completed by Instructor			Instructor Signature		Date
<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> No Grade <input type="checkbox"/> _____					
Subject Area	Catalog Nbr	Section	Class Nbr	Course Title	Hours
Grade – To Be Completed by Instructor			Instructor Signature		Date
<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> No Grade <input type="checkbox"/> _____					

List All Classes – Additional Space on Back

Withdrawal Request Continued

Additional Space To List All Classes – Continued from Front

Subject Area	Catalog Nbr	Section	Class Nbr	Course Title	Hours
Grade – To Be Completed by Instructor			Instructor Signature		Date
<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> No Grade <input type="checkbox"/> _____					
Subject Area	Catalog Nbr	Section	Class Nbr	Course Title	Hours
Grade – To Be Completed by Instructor			Instructor Signature		Date
<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> No Grade <input type="checkbox"/> _____					
Subject Area	Catalog Nbr	Section	Class Nbr	Course Title	Hours
Grade – To Be Completed by Instructor			Instructor Signature		Date
<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> No Grade <input type="checkbox"/> _____					
Subject Area	Catalog Nbr	Section	Class Nbr	Course Title	Hours
Grade – To Be Completed by Instructor			Instructor Signature		Date
<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> No Grade <input type="checkbox"/> _____					

Authorizations and Signatures

Please read each item carefully and initial that you understand the terms and conditions:

Initials

I understand that even though I am withdrawing from the University of Oklahoma Health Sciences Center I am responsible for all outstanding financial obligations to the University.

I understand that it is in my best interest to contact my Financial Aid advisor to discuss the financial implications of my withdrawal.

Student Signature	Date
College Dean or College Designee Signature	Date
Graduate College Dean	Date
Bursar or Financial Aid Signature	Date

Additional Comments:

Administrative Use Only

Processed By	Date	Percentage	Comments
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