HEALTH CAMPUS | Office of the Registrar

Updated August 18, 2026
Withdrawal Request Form

Withdrawal Request Form

Withdrawal occurs when a student drops all of the classes in a term or withdraws from the university after classes have begun, or is not returning to the university after a leave of absence. The final day to withdraw from the term is the last day of class. Refer to the Academic Calendar for specific dates regarding withdrawal deadlines. University withdrawal requires reapplication and readmission to the university.

Withdrawal requests conform to sections 4.8.3 and 4.8.8.2 of the Student Handbook, where you can find additional information regarding withdrawals as they pertain to the grade policy.

Upon completion, submit this form to the Office of the Registrar Health Campus at registrar.health@ou.edu

STUDENT INFORMATION

Student's Name (Last, First, Middle)

Student ID

College

Program

Withdrawal Term

Reason for Withdrawal

Withdrawal Type:
○ Term Withdrawal -
Must attach a Leave of Absence if required
○ University Withdrawal
○ Administrative Withdrawal -
Student is involuntarily withdrawn due to academic, disciplinary, attendance, or financial reason.

WITHDRAWAL COURSES

Class Nbr (5 digits)	**Subject**	**Catalog # (4 digits)**	**Section # (3 digits)**	**Total Hours/ Units**	**Course Title**	***Instructor Signature**	**Grade**
							○W ○No Grade ○F ○Other ____
							○W ○No Grade ○F ○Other ____
							○W ○No Grade ○F ○Other ____
							○W ○No Grade ○F ○Other ____
							○W ○No Grade ○F ○Other ____

* Refer to the Academic Calendar for the instructor signature deadline.
Additional rows are provided on the back of this form.

AUTHORIZATION

Student Initials — I understand that even though I am withdrawing from the University of Oklahoma Health Campus I am responsible for all outstanding financial obligations to the University.

Student Initials — 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
(NOT REQUIRED FOR ADMINISTRATIVE WITHDRAWAL)

Last Date of Attendance

Advisor Initials — I affirm the last date of attendance has been verified by the college designee.

Advisor or Designee Signature
Date
(REQUIRED)

College Dean or Designee Signature
Date

Financial Aid Signature
Date
Bursar Signature
Date

ADMINISTRATIVE USE ONLY

Processed By
Date
Comments

WITHDRAWAL COURSES (CONTINUED)

Class Nbr (5 digits)	Subject	Catalog # (4 digits)	Section # (3 digits)	Total Hours/ Units	Course Title	*Instructor Signature	Grade
							○W ○No Grade ○F ○Other ____
							○W ○No Grade ○F ○Other ____
							○W ○No Grade ○F ○Other ____
							○W ○No Grade ○F ○Other ____
							○W ○No Grade ○F ○Other ____
							○W ○No Grade ○F ○Other ____
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							○W ○No Grade ○F ○Other ____
							○W ○No Grade ○F ○Other ____
							○W ○No Grade ○F ○Other ____
							○W ○No Grade ○F ○Other ____