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- ◯ Administrative Withdrawal - Student is involuntarily withdrawn due to academic, disciplinary, attendance, or financial reason.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 ____
							◯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 ____
							◯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 ____
							◯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 ____