

Request to Waive Course Partial Withdrawal Limitation Form

This form can only be submitted electronically via your gatormail

University of Houston-Downtown: Registrar's Office
One Main Street, N330 Houston, TX 77002
uhdrecords@uhd.edu

ph: 713-221-8999
fax: 713-223-7438



Student Information:

Last Name _____ First Name _____
UHD ID# _____ D.O.B _____
Phone _____ Email _____
Semester: Spring Summer Fall Year: _____

Academic School: Business HS Public Service Science & Technology University College Non-Degree

CRN	SUBJECT	NUMBER

Reason for excessive withdrawal:

- (A) A severe illness or other debilitating condition that affects the student's ability to satisfactorily complete the course.
- (B) The student's responsibility for the care of a sick, injured or needy person if the provision of that care affects the student's ability to satisfactorily complete the course.
- (C) The death of a person who is considered to be a member of the student's family who is otherwise considered to have a sufficiently close relationship to the student that the person's death is considered to be a showing of good cause.
- (D) The active duty service as a member of the Texas National Guard or the armed forces of the United States of either the student or a person who is considered to be a member of the student's family or who is otherwise considered to have a sufficiently close relationship to the student that the person's active military service is considered to be a showing of good cause.
- (E) The change of the student's work schedule that is beyond the control of the student, and that affects the student's ability to satisfactorily complete the course.
- (F) Other good cause as determined by the institution of higher education. To be approved by the Dean of Students. (Give cause in space provided below)

OUTSTANDING DEBTS

Any student withdrawing from the University of Houston-Downtown will be held accountable for any outstanding debt to the university, to include the repayment of financial aid funds. Failure to pay outstanding debts will result in the withholding of a student's official transcript and/or diploma.

Financial Aid: Students may contact Financial Aid. Federal regulations require that UHD perform a Return of Title IV Funds calculation. A portion of any disbursed financial aid for this term will need to be returned to the federal programs.

By signing below, I certify that I understand the Registrar's Office administrator's decision is final for the current term and/or academic year. I also understand, the university-assigned campus email address is the official means of communication for all student-related information and exchanges among academic and administrative offices. I will monitor my UHD gator email address for any correspondence from the Registrar's Office.

Student Signature

Date

A copy of a photo ID must be attached to this form when submitted. Forms submitted without a clear copy of a photo ID will not be processed.

Registrar's Office Use Only
Date Received: _____

Decision: Approved Denied
Authorized Signature: _____
Date: _____