



TEXAS A&M UNIVERSITY - SAN ANTONIO

Registrar

100% WITHDRAWAL REQUEST

All students applying for a withdrawal for both medical and non-medical reasons **MUST** consult with an appropriate representative:

- Medical and Mental Health Withdrawals: Dean of Students. The Dean of Students will determine eligibility for these requests and refer students accordingly. Documentation will be retained in this office.
- Other situations: Office of the Registrar. Documentation will be retained in this office and the request will be reviewed by a committee made up of representatives from the Office of Scholarships & Financial Aid, Student Business Services, Office of the Registrar, and Military Affairs (if applicable).

Request after the academic period (September 1st – August 31st) may not be reviewable. Request for withdrawals for more than one semester will be reviewed but, rarely, are multiple semesters approved. Medical documentation covering each individual semester may be required in support of your request.

Please be aware that any student receiving FSA (Federal Student Aid) funds who withdraws from the University after their funds have disbursed could owe a portion or all of the FSA back to the University. Please check with the Office of Scholarships and Financial Aid to determine what impact this action you have requested will have on your financial aid.

Name: _____ Date: _____ ID #: _____

Telephone: _____ E-mail: _____

Please check one of the following:

- Current Semester request for 100% withdrawal
- Retroactive request for 100% withdrawal prior term: Term _____ Year _____
(Request must be received within the academic year – September 1st – August 31st)

For the current term, I understand I must withdraw from all courses prior to submitting this form.

Student Signature: _____ Date withdrawal form was submitted: _____

Are you currently receiving Financial Aid? Yes No

If you have indicated yes, please consult with a Financial Aid Officer located in room 106 via the Welcome Center to find out how this may affect your financial aid. The Financial Aid Officer must sign and date the application once they have met with you.

FAO Signature _____ **Date** _____

I understand that if I have received financial aid or military benefits, that I will be held responsible for returning all refunds received in full to the university if my request is approved. I have been made aware of the amount that I may owe back to the University.

Student Signature: _____ **Estimated amount of funds to be returned if approved.** _____

Student Business Services _____ **Date** _____

Student Housing (if applicable) _____ **Date** _____

Military Affairs
(for students receiving military benefits) _____ **Date** _____

If you are currently registered with Disability Services and would like us to consult with them regarding this request, please sign below.

Student Signature _____ **Date** _____

If you are seeking a medical/mental health withdrawal, please review the University's MW/MHW policy to determine what offices require supporting evidence of your concern. Medical/health circumstances may require medical documentation in support of your request. Additional documentation may be requested as needed.

You may attach additional documentation, if necessary. *Please note:* failure to academically perform due to factors such as bad habits, poor judgment, late enrollment, time management issues, failed relationships, roommate conflicts, or ignorance of University policies would not generally qualify a student for a 100% withdrawal.

Reason for request:

Acknowledgement: I understand that this application request does not guarantee an approval. Furthermore, I understand that I am responsible for any outstanding balances owed to the University after a decision has been determined. I further understand that I am responsible for any financial aid adjustments to my account due to an approval or denial of a 100% withdrawal. If there is an outstanding balance, a hold will be placed on my student account. This hold will prevent me from registering for future terms, requesting transcripts, and reviewing grades. If a repayment agreement is not made with Student Business Services the payment is due in full. Failure to comply may result in the institution forwarding my account to a collection agency. I will be responsible for any attorney's fees and/or any collection costs necessary or the collection of any amount not paid when due. I understand that I cannot reverse my actions and once a decision has been determined all changes are irreversible.

Student Signature: _____ Date: _____

| Committee Members: | Signature: | Approved | Denied | For Registrar's Office Use: | |
|---|------------|----------|--------|-----------------------------|--|
| Student Business Services | | | | Processed by: | |
| Office of Scholarships & Financial Aid | | | | | |
| Office of the Registrar | | | | | |
| Dean of Students | | | | Date: | |
| Military Affairs | | | | | |
| Office of Student Counseling & Wellness | | | | | |