

OFFICE OF RECORDS

Student Request for Official Withdrawal

This form can be filled out with Adobe Acrobat and then printed for signatures. Any questions may be directed to the Office of records or records@qatar.tamu.edu

IF YOU ARE A STUDENT REQUESTING WITHDRAWAL
Before you initiate the process, please read all of the information on this form to ensure that you understand the consequences of withdrawing from the University. Once you have completed this form and submit it to the Office of Records, your classes will be canceled and you will be considered withdrawn from the University. You will no longer be entitled to use services or facilities beyond any arrangements you have made with specific University departments. You are responsible for contacting your sponsor to inform those officials of your withdrawal.

STUDENTS RECEIVING FINANCIAL AID or SPONSORSHIPS should talk to the sponsor before withdrawing. Withdrawing from the University does not cancel all tuition and fees. Failure to comply may result in your owing a substantial sum rather than having a zero balance or refund. In addition withdrawing may affect your immigration status. Please check this carefully before submitting the withdrawal form.

PART A – REQUEST FOR WITHDRAWAL FROM THE UNIVERSITY (Completed by the Student).

Date Initiated: _____

_____ Last Name _____ First Name _____ Middle Initial _____ UIN _____

Local Address _____
 _____ Street/PO Box _____ City _____ State _____ Country _____

Mailing Address (for refund if applicable): _____
 _____ Street/PO Box _____ City _____ State _____ Country _____

Major: _____ Classification _____

Do you have a sponsorship? Yes No Please provide sponsor name. _____
 (Circle One)

Reason for withdrawal: _____

I hereby request that I be withdrawn from Texas A&M University at Qatar subject to all regulations pertinent to withdrawal and refunds and affirm that all above information is correct. I understand that subsequent registration or readmission must be in accordance with the University’s regulations in effect at the time. I understand that all my financial obligations to the University must be paid before I may register again or receive copies of my academic records. If I am eligible for any refund, I am aware that it will be computed as of the effective date of this action and may be reduced by any debt I currently owe the University or my failure to complete the withdrawal process. I have read and fully understand the information on this “Student Request for Official Withdrawal” form.

Student’s Signature: _____ Date: _____

PART B - STUDENT RESPONSIBILITIES (Student submits to each department for clearance and signature)

After withdrawing from the University you may no longer use services or facilities provided for the benefit of Texas A&M University at Qatar students. It is important that you review the list below and contact each department before leaving campus. It is your responsibility to protect your entitlement to refunds, to fulfill your **THE UNIVERSITY ASSUMES NO RESPONSIBILITY FOR LOST OR REDUCED REFUNDS, OR LOSS OF FINANCIAL AID OR OTHER ENTITLEMENTS IF YOU FAIL TO CLEAR THROUGH THE APPROPRIATE OFFICES.**

	Authorized Signature	Printed Name	Date
Library (owed fees or books)	_____	_____	_____
Student Affairs (equipment, etc)	_____	_____	_____
Academic Services (Tuition)	_____	_____	_____
Information Technology (computer equipment, fees)	_____	_____	_____
Facilities (student ID)	_____	_____	_____

PART C – DIRECTOR’S AUTHORIZATION TO WITHDRAW (Completed by Records Office)

The student listed above, enrolled in the College of Engineering has been withdrawn from Texas A&M University at Qatar.

Official Withdrawal Date: _____ Year _____ Semester Fall Spring Summer

Comment: _____

_____ Title _____