

Texas Tech University Health Sciences Center

Official Withdrawal Checklist

SCHOOL ENROLLED:

Allied Health Sciences_____ Medicine_____ Nursing_____

Pharmacy_____ Graduate School of Biomedical Sciences_____

TALKED WITH ADVISOR:

Yes_____ No_____

Circle: Fall Spring Summer Summer I Summer II

Year: 2_____

Dean's Office_____

(Did student attend classes? Y_____ N_____)

HSC Bursar's Office_____

(Did student make a payment? Y_____ N_____)

HSC Office of Registrar _____

(Registrar's use only: Date withdrawal is official)_____

HSC Financial Aid Office_____

(Did student receive financial aid? Y_____ N_____)

Clinical Simulation Center_____

HSC Police (ID Badge)_____

HSC Lock shop (keys)_____

HSC Traffic & Parking_____

HSC Library-Records Closed_____

I acknowledge that I must seek readmission to return to this course of study and that previous enrollment does not assure me of priority consideration.

Federal Regulations require students who receive Federal Student Financial Aid and drop below halftime or withdraw from the university, return a calculated portion of their student financial aid to the school and their lender. As such, I understand any refund of tuition and fees that I may be due as a result of my withdrawal will be used towards the return of funds back to the school and lender.

I hereby acknowledge that by officially withdrawing, I am automatically applying for a refund of any remaining tuition and fees due me by this University. Furthermore, I understand that I am not considered officially withdrawn until this form is completed and received by the HSC Office of the Registrar.

If applicable, please send my refund check to the following address:

Name (please print):_____

Address: _____

City: _____ State: _____ Zip: _____

Date: _____ Signature:_____

Social Security Number/Banner ID: _____

Please return completed form to:

Office of the Registrar

Texas Tech University Health Sciences Center

Room 2C400