

COMPLETE WITHDRAWAL
Office of the Registrar

This withdrawal is related to COVID 19

I plan to return to TU for a future term. Please indicate your approximated return term:

Name: Last, First, Middle	ID Number	Term
College <input type="checkbox"/> AS <input type="checkbox"/> CCB <input type="checkbox"/> ENS <input type="checkbox"/> HS <input type="checkbox"/> GR <input type="checkbox"/> LW	Major	
ADVISING OFFICE USE ONLY: <input type="checkbox"/> Delete <input type="checkbox"/> Withdraw		

Reason for withdrawal:

Student Signature	Date
Collegiate Advisor Signature	Date

(Digital signatures are not accepted. Form can only be processed with your signature or a confirmation email from your assigned TU Email Account)

If you are withdrawing from the current term, please list all courses on your schedule along with your date of last attendance for each course: