

**THE UNIVERSITY OF THE PERMIAN BASIN**

WITHDRAWAL PETITION:    FALL        SPRING        SUMMER

NAME \_\_\_\_\_ STUDENT ID \_\_\_\_\_  
(Please print)

ADDRESS \_\_\_\_\_  
Street City State Zip Tel.NO.

MAJOR \_\_\_\_\_ GRAD \_\_\_\_\_ UNDERGRAD \_\_\_\_\_

**REASON FOR WITHDRAWAL:**

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> Illness          | <input type="checkbox"/> Work                | <input type="checkbox"/> Military |
| <input type="checkbox"/> Personal Reasons | <input type="checkbox"/> Relocating          | <input type="checkbox"/> Other    |
| <input type="checkbox"/> No Reason Given  | <input type="checkbox"/> Foreign Aid Service |                                   |

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**STUDENTS REQUESTING WITHDRAWAL MUST OBTAIN THE FOLLOWING DEPARTMENTAL OFFICE SIGNATURES FOR WITHDRAWAL APPROVAL.**

**THE AREAS BELOW MUST BE COMPLETED BY THE INDICATED UT PERMIAN BASIN OFFICE STAFF ONLY**

**FINANCIAL AID**

Comment/Issues: \_\_\_\_\_  
\_\_\_\_\_

Financial Aid Representative Signature: \_\_\_\_\_ DATE \_\_\_\_\_

**ACCOUNTING**

Comment/Issues: \_\_\_\_\_  
\_\_\_\_\_

BALANCED OWED: \_\_\_\_\_

Accounting Representative Signature: \_\_\_\_\_ DATE \_\_\_\_\_

**REGISTRAR**

**Note: Percentages are based on withdrawal date**  
**FEES PAID: TEXAS EDUCATION CODE 54.006. MAY 1977**  
**REFUND RATE (%) REFUND AMOUNT**

Percentage of refund (**PLEASE CIRCLE**) 100    80    70    50    25    0

Registrar Representative Signature \_\_\_\_\_ DATE \_\_\_\_\_

*In order to insure your eligibility to re-enroll at a later date and /or make sure that your records are clear and that no "hold" is presently on your records, please obtain all signatures required.*