

WITHDRAWAL/DISCONTINUE STATEMENT

Office of the Registrar



UNIVERSITY OF ST. THOMAS

Date: _____

Name: _____

Student ID# : _____

Signature: _____

Phone Number: _____

A. Withdrawal Statement:

I am withdrawing from the University of St. Thomas on today _____, 20 ____ for the
month and day

fall spring summer , 20 ____ semester and do not intend to return.
Circle one

- I have submitted an add/ drop form to the Registrar's Office, **or** I have dropped all classes in my Student Self Service Account ,
in order to formally withdraw myself from enrollment during the current and subsequent terms at the University.

B. Withdrawal Reason:

- | | |
|--|---|
| <input type="checkbox"/> Attending another college | <input type="checkbox"/> Dissatisfied with University of St. Thomas |
| <input type="checkbox"/> Leaving for employment | <input type="checkbox"/> Financial reasons |
| <input type="checkbox"/> Moving | <input type="checkbox"/> Leaving for employment |
| <input type="checkbox"/> Program of interest not offered | <input type="checkbox"/> Other |

C. After all sections have been completed, return the form:

In person: Herzstein Enrollment Services Center

By Mail: Enrollment Services 3800 Montrose Blvd. Houston, TX 77006

By Email: registrar@stthom.edu (from your stthom.edu account)

OFFICE USE ONLY