

University of North Texas Health Science Center Office of the Registrar, EAD 244

3500 Camp Bowie Blvd. Fort Worth, TX 76107-2699 (817) 735-2201 / Fax (817) 735-0448 registrar@unthsc.edu

Date request completed_

Questions regarding data			1	E:	A 67 1 11 A 1	
Student ID OR Social Security Number			Last Name	First Name	Middle Name	
Date of Birth			Daytime Tele	ephone Number		
Today's Date				Program	International Student?	
			SPH	GSBS Pharm	☐ YES ☐ NO	
	See A			urses you wish to add periods and the last day to a		
Department Course				Title		
(EXAMPLE) BACH		(EXAMPLE) 5310		(EXAMPLE) Community Assessment		
		222261466				
	Approval for dro			urses you wish to dro e automatic W. See <u>Academ</u>	•	
Department	Course	Title		Instructor Signati	Grade (Instructor Only: Check one)	
					W (Withdrawal)	
					WF (Withdrawal Failing)	
					W (Withdrawal)	
					WF (Withdrawal Failing)	
	=			THE REGISTRAR & PLEASE	READ BELOW:	
-		o consult your advisor	-			
		ssigned a grade of W c		the transcript. A class dropp	ped after the census date will appear	
 Refunds 						
0	If the last class or	·	, regular, 8 w	reek 2) is dropped, it is subje	ect to the complete withdrawal	
0			s enrolled in	another class during that sa	me session, the student will receive	
	100% refund if	the class is dropped be	efore the cer	isus date.	·	
			-	during a long semester (fall of	or spring). thdrawal or leave of absence. You	
0			-		the Registrar. SPH online certificate	
	•	empt from requesting		· · · · · · · · · · · · · · · · · · ·	-	
Student Sign	nature		_	Date	<u></u>	
Student Sign	nature 24 hours for proce		_	Date		