

# STUDENT WITHDRAWAL FORM

Hill County Campus  
112 Lamar Drive, Hillsboro, TX 76645  
254-659-7600 + Fax 254-582-7591

Office of Student Information Services  
enrollmentinfo@hillcollege.edu

Johnson County Campus  
2112 Mayfield Parkway, Cleburne, TX 76033  
817-760-5601 + Fax 817-556-2142

## Instructions:

- Form must be submitted to Student Information Services prior to the last date to withdraw on the Hill College Academic Calendar for the current term.
- Financial Aid Recipients should consult with their FA representative prior to withdrawal to determine any remaining financial obligations/SAP impacts
- Residence Hall Students should consult with the Student Life Department. Withdrawals can affect eligibility to live in the residence halls.
- Veteran Benefit Recipient's and International students should consult with the Special Populations Coordinator prior to withdrawing
- Dropping courses may affect the six (6) Drop Rule, Section 51.907 of the Texas Education Code, adopted by the State of Texas.
- Further information on withdrawals and resignation can be found on the Hill College website.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Student ID: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Withdrawal Reason: \_\_\_\_\_

I understand that there may be serious impacts from this action if I receive any type of financial aid including grants, loans, or scholarships. I understand that only those resignations submitted during a refund period will be eligible for refund as listed in the academic calendar. I understand that 100% refunds are not issued after the first day of classes even if a student's specific classes start after that day. I understand that if I am on a payment plan, I am still responsible for the original tuition and fee charges and that even if I withdraw during a refund period, I may still have future payments due on my plan.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Office Use Only

### WITHDRAWAL CLASSIFICATION

☐ TOTAL WITHDRAWAL (RESIGNATION) from ALL courses

☐ WITHDRAWAL (DROP) from one or more, but NOT ALL courses

☐ Financial Aid Recipient

☐ Residence Hall

☐ Veteran Benefit Recipient

☐ International Student

| Term  | Semester   | Course & Section Number  | Instructor   | Census  | Last Date of Attendance |
|---|--|--|--|---|-------------------------|
| <input type="checkbox"/> 16 Week<br><input type="checkbox"/> Mini Term<br><input type="checkbox"/> 1 <sup>st</sup> 5 Week | <input type="checkbox"/> 1 <sup>st</sup> 8 Week<br><input type="checkbox"/> 11 Week<br><input type="checkbox"/> 2 <sup>nd</sup> 5 Week | <input type="checkbox"/> 2 <sup>nd</sup> 8 Week<br><input type="checkbox"/> 12 Week<br><input type="checkbox"/> 9 Week | <input type="checkbox"/> Fall<br><input type="checkbox"/> Spring<br><input type="checkbox"/> Summer<br>Year: _____ | <input type="checkbox"/> Before Census, Course Dropped<br><input type="checkbox"/> After Census, W Grade<br>Census: _____ |                         |
| <input type="checkbox"/> 16 Week<br><input type="checkbox"/> Mini Term<br><input type="checkbox"/> 1 <sup>st</sup> 5 Week | <input type="checkbox"/> 1 <sup>st</sup> 8 Week<br><input type="checkbox"/> 11 Week<br><input type="checkbox"/> 2 <sup>nd</sup> 5 Week | <input type="checkbox"/> 2 <sup>nd</sup> 8 Week<br><input type="checkbox"/> 12 Week<br><input type="checkbox"/> 9 Week | <input type="checkbox"/> Fall<br><input type="checkbox"/> Spring<br><input type="checkbox"/> Summer<br>Year: _____ | <input type="checkbox"/> Before Census, Course Dropped<br><input type="checkbox"/> After Census, W Grade<br>Census: _____ |                         |
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|   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Unexcused                          | <input type="checkbox"/> <input checked="" type="checkbox"/> ACADEMIC PLAN         | <input type="checkbox"/> <input checked="" type="checkbox"/> ACCOUNT HOLD(S) | <input type="checkbox"/> TOTAL RESIGNATION Termcode: _____                     |
| <input type="checkbox"/> N/A if enrolled prior to Fall 2007 | <input type="checkbox"/> <input checked="" type="checkbox"/> REFUND PERIOD % _____ |  | <input type="checkbox"/> <input checked="" type="checkbox"/> CONFLICTING TERMS |
| <input type="checkbox"/> N/A Dual Credit                    |  |  |  |
| <input type="checkbox"/> Excused (Select One)               | <input type="checkbox"/> Total Resignation   | <input type="checkbox"/> Called to Active Duty Military Status               | <input type="checkbox"/> Lack of Financial Resources                           |
|   | <input type="checkbox"/> Death in Family   | <input type="checkbox"/> Loss of Child Care                                  | <input type="checkbox"/> Other Reason  |
|   | <input type="checkbox"/> Loss of Transportation                                    | <input type="checkbox"/> Care of Sick, Injured or Needy                      |  |
|   | <input type="checkbox"/> Illness   | <input type="checkbox"/> Change of Work Schedule                             |  |

### APPROVAL/DEPARTMENTAL REVIEW (All forms must have an Academic Advisor & Enrollment Management Signature)

|   |                  |             |  |
|---|------------------|-------------|--|
| <input type="checkbox"/> ACADEMIC ADVISING            | Signature: _____ | Date: _____ | <input type="checkbox"/> Confirmation Email Sent   |
| <input type="checkbox"/> FINANCIAL AID REP            | Signature: _____ | Date: _____ | <input type="checkbox"/> Reviewed SAP/R2T4   |
| <input type="checkbox"/> RESIDENCE HALL               | Signature: _____ | Date: _____ | <input type="checkbox"/> Hold Check/Check Out  |
| <input type="checkbox"/> SPECIAL POPULATIONS COOR.    | Signature: _____ | Date: _____ | <input type="checkbox"/> Reviewed  |
| <input type="checkbox"/> STUDENT INFORMATION SERVICES | Signature: _____ | Date: _____ | <input type="checkbox"/> Drop Processed, Prior Census<br><input type="checkbox"/> "W" Grades Entered |

