

Registrar and Student Records, SSC 240

3500 Camp Bowie Blvd.
Fort Worth, TX 76107-2699
(817) 735-2201
Fax (833) 431-1243/ADA (855) 604-0915
registrar@unthsc.edu

Questions regarding data collected may be directed to the Registrar and Student Records. (HB 1922)

Student ID OR Social Security Number		Last Name		First Name	Middle Name	
Date of Birth			Daytime Telephone Number			
E-mail			СРН	Program CBTS	Pharm CON	International Student? YES NO
	See /	ADD CLASS: I				asses.
Department (EXAMPLE) BACH		Course (EXAMPLE) 5310		Title (EXAMPLE) Community Assessment		
<u>DROP CLASS</u> : List all courses you wish to drop. Approval for drop required after last day to receive automatic W. See <u>Academic Calendar</u> for details.						
Department	Course	Title		Inst	ructor Signature	Grade (Instructor Only: Check one)
						W (Withdrawal) WF (Withdrawal Failing)
						W (Withdrawal) WF (Withdrawal Failing)
 It is your A class of on the time Refunds 	r responsibility to dropped before to cranscript & be as it: If the last class of refund schedule If a class is drop 100% refund if not drop your on If all classes are must pick up th	o consult your advisor I he census date will not ssigned a grade of W o of a session (8 week 1, e. ped but the student is the class is dropped be ally remaining class usin dropped during a long	t appear on tor WF. regular, 8 w enrolled in a efore the ceing this form c g semester, i absence for	eek 2) is dro another class nsus date. during a long it is consider m in person	s. t. A class dropped af pped, it is subject to during that same se semester (fall or spr ed complete withdra at the Registrar and	the complete withdrawal ession, the student will receive ing).
Student Sign						
Please allow 24 hours for processing For Office Use Only						

Revised 10/4/2024