

RESIGNATION REQUEST AGREEMENT

DO NOT complete this form if you have already taken any final exams this semester.

Date: _____

Student ID #: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Telephone Number: () _____ () _____

I have read and understand the Resignation Policies and Procedures. I further understand that I will remain responsible for any and all debt incurred at Sam Houston State University. In addition by signing this form I am stating that I have not taken any final exams during the semester in which I am resigning.

Student Signature: _____

Indicate Semester in which you are resigning (ccyy):

Fall _____ Spring _____

Mini _____ Summer I _____

Ten Week _____ Summer II _____

Processed by _____

Date _____