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 ________________________

Privacy Policy