



REQUEST FOR WITHDRAWAL – MEDICAL SCHOOL

STUDENT INFORMATION		
Student Name (First, Middle Initial , Last)	Life Number :	Program:
Forwarding Address	City, State, Zip, Country	
Telephone Number: <input type="checkbox"/> HOME <input type="checkbox"/> CELL	Email:	
REASON FOR REQUESTED WITHDRAWAL (ATTACH SUPPORTING DOCUMENTATION IF NECESSARY)		
	Effective date of requested withdrawal:	
Student Signature :	Date:	
APPROVAL: WE HAVE MET WITH THIS STUDENT AND SUPPORT THIS REQUEST FOR WITHDRAWAL:		
Steve Paik, Senior Associate Dean for Student Affairs	Date:	
Talia Swartz, Senior Associate Dean for MD/PhD Education (<i>MD/PhD students only</i>)	Date:	
PLEASE OBTAIN CLEARANCE FROM THE DEPARTMENTS LISTED BELOW		
Financial Aid: Student Financial Services, Ann 13-90	Date:	
Levy Library: Circulation Desk, Ann 11 th floor - Return all books and library card, clear fines	Date:	
Real Estate (Student Housing): 1249 Park Avenue, 1st Floor	Date:	
International Personnel: 19 East 98th Street, 1st Floor (<i>International Students Only</i>)	Date:	
Graduate School Financial Services- Osei Tutu (<i>MD/PhD only</i>)	Date:	
FINAL CLEARANCE – ALL ACCOUNTS CLEARED; UPDATED CV SUBMITTED WITH FORWARDING INFORMATION		
Registrar's Office:	Date:	