



Submit all forms to:

Alysia Caldwell  
Academic Registrar  
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GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

# Graduate School Withdrawal Form

A Graduate Student who wishes to withdraw from the Graduate School of Biomedical Sciences must first confer with their Department Head and/or Manager of GRE and relevant offices (e.g. Student Financial Services), secure their signatures on this form and submit a completed form to the Graduate School Academic Registrar for Processing. If

Student Name: \_\_\_\_\_

Reason: \_\_\_ medical \_\_\_ military\* \_\_\_ other \_\_\_ Date last class attended \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Withdrawal effective date \_\_\_\_\_

Reason(s) for Withdrawal: *(If for military reasons, please include military order to this form)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I elect to withdraw from the Graduate School of Biomedical Sciences with the understanding of the following:***

- I am withdrawing from all my credit courses and research.
- My student benefits will be terminated on the effective date listed above, including any scholarships or supplemental tuition funding.
- As I did not fulfill the degree requirements, I will not be awarded a degree from this institution.
- I will need to re-apply to return to the program.

**By signing this form, I declare I have read, understand and agree to abide by the policies and procedures set forth:**

\_\_\_\_\_  
*Student Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Department Head Printed Name* \_\_\_\_\_  
*Department Head Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Manager of GRE Printed Name* \_\_\_\_\_  
*Manager of GRE Signature* \_\_\_\_\_  
*Date*

<b>To be completed by the Graduate School</b>			
_____ <i>Academic Registrar's Signature</i>	<b>Approved</b>	<b>Denied</b>	_____ <i>Date</i>