



## TRANSFER STUDENTS

If you intend to transfer to another school and want your transcript to be sent, please fill out this section.

Please note: An official transcript will be sent from Caribbean Medical University listing all credits earned upon approval of this request. Transcript may not be released if the student has an outstanding financial obligation to the school. Official transcripts are for educational institution purposes only and are printed on high quality stock paper, contain CMU seal, and the signature of a certified school official. Official transcripts are sent directly to the educational institution by first class mail. There is a \$50 processing fee for each official transcript.

**10** School's Name: \_\_\_\_\_ School's Code: \_\_\_\_\_  
Name of the Institution

**11** Address: \_\_\_\_\_ ( ) \_\_\_\_\_  
Number and street or rural route Phone Number

\_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country

## INSTRUCTIONS

Caribbean Medical University defines a transfer student as someone who is currently enrolled at the university, who intends to discontinue enrollment and who seeks admission to a medical program in a medical school other than CMU within a period of one year.

- Requests for transfer or withdrawal must be reviewed and approved by the Retention Committee.
- CMU reserves the right to set criteria for withdrawals as outlined in the Student Handbook.
- The student must provide the Retention Committee with a one page account for the reasons of transfer before they can be approved.
- The student may submit any other supporting documentation they feel will help their case.
- The Retention Committee is obligated to notify the student of its decision within 14 days.
- If applicable, tuition and fees refund will be processed within 30 days of the withdrawal/transfer approval.

**12** STATEMENT: I am currently enrolled at CMU and I wish to discontinue my enrollment at the university. I have read and agree to the university withdrawal and refund policy. I understand that it is my responsibility to follow up with student services that apply to me, and that I must return my Student ID Card to the Registrar's Office. I fully acknowledge that my official transcripts will only be released upon approval of the Withdrawal Request Form, duly filled, along with a \$50 transcript request fee. I understand that I am responsible to pay any outstanding obligations to Caribbean Medical University.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

FOR OFFICE USE ONLY		
Date	Name	Remarks