

WITHDRAWAL REQUEST FORM Caribbean Medical University Campus: Pater Euwensweg 25, Curacao • Phone: (5999) 461-5668 U.S. Off ce: 5600 N River Road Suite 800 • Des Plaines, Illinois 60018 United States

Phone: (888) 877-4268 • Fax: (302) 397-2092 • Email: students@cmumed.org • Web: http://www.cmumed.org

Please fill out this form to request official withdrawal from Caribbean Medical University or transfer to another medical school. The effective date of the withdrawal for tuition refund purposes is the date, the completed form has been returned to the Dean's Office with the student's signature as well as those signatures required for purposes of clearance, unless attendance at an academically related activity can be documented.

| \blacksquare | STUDEN | t Informatio | N | | | | | | |
|----------------|--|---------------------------------------|-----------------------|----------|-----------------|---------------------------|--------|--|--|
| 1 | Name: | | | | | | | | |
| | | Last Name | First Name | | Mia | ldle Name | | | |
| 2 | Student ID | Number | | | Current Enro | llment: — | | | |
| | | | As appears on ID card | | | Program - Ser | nester | | |
| 3 | Address: | | | | | () | | | |
| | riddiess. | Number and street or rural | route | Apt. No. | | Phone Number | | | |
| | | | | | | | | | |
| | | City or Town | State | Zip Code | | Country | | | |
| \blacksquare | REQUES | T INFORMATIO | N | | | | | | |
| 4 | From which would you | ch semester I like to drop classes | s? Spring (January) | Sur | mmer (May) | Fall (September) | Year | | |
| 5 | 5 Do you currently live in CMU Dormitories? Yes No | | | | | | | | |
| | If Yes please provide the last date of occupying the room: / / | | | | | | | | |
| | MM/DD/YYYY | | | | | | | | |
| 6 | 6 Do you participate in CMU Student Health Insurance Plan? Yes No | | | | | | | | |
| | If Yes please provide the last date of intended coverage: / / | | | | | | | | |
| | MM/DD/YYYY | | | | | | | | |
| 7 | 7 Do you participate in CMU Cell Phone Plan? Yes No | | | | | | | | |
| | If Yes please provide the plan discontinuance date: / / | | | | | | | | |
| 0 | | | | | MM/DD/YYYY | | | | |
| 8 | Select your reason for withdrawal/transfer (select all that apply) | | | | | | | | |
| | Medical/Health Financial Problems Family Issues | | | | | | | | |
| | Acade | emic Quality | Study Environment | | School's Defica | iencies | | | |
| | Rotati | ons Placement | USMLE Passing R | ate | Other | If Other Reasons Please E | xplain | | |
| 9 | 9 Have you ever received Financial Aid through MedLoan Program? Yes No | | | | | | | | |

■ 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 Instituti | on | | |
| 11 Address: | | | () | |
| Number and street or ru | ıral route | | Phone Number | |
| | | | | |
| City or Town | State | Zip Code | Country | |
| | | | | |
| # Instructions | | | | |
| Caribbean Medical University defines a t | ransfer student as s | omeone who is curre | ntly enrolled at the university, who in | ntends 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.

| | 11 | , | | 1 | | 3 | | 11 | | |
|-----------|--------|---|---|---|---|---|---|--|---|--------------------------------|
| 12 state | MENT: | I am currently e university withd to me, and that I will only be rele understand that | rawal and refur I must return m cased upon appr | nd policy. I und ny Student ID (roval of the W | lerstand that i Card to the R ithdrawal Red | t is my respoi egistrar's Off quest Form, c | nsibility to follov fice. I fully ackn luly filled, along | wup with stu owledge tha with a \$50 | ident service it my officia transcript re | es that apply al transcript |
| Student's | Signat | ure: | | | | | Date: | / | _/ | |

| FOR OFFICE USE ONLY | | | | | | | |
|---------------------|------|---------|--|--|--|--|--|
| Date | Name | Remarks | | | | | |
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