



School of Medicine
Department of Student Affairs and Records

**Request for Withdrawal
From the School of Medicine
(to be used only if you are withdrawing
from the School of Medicine)**

Please return completed form to Mr. Daryl Julien in the Office of Student Affairs (djulie@lsuhsc.edu).

Student Name: _____ Student ID: _____

Graduation Year: _____ Last day you attended class: _____

Current Address/Phone/Email: _____

Withdrawal from School/Program: Refer to the [Withdrawal Policy](#) for more information.

<p>Please check reason: Academic <input type="checkbox"/> Medical <input type="checkbox"/> Personal <input type="checkbox"/> Financial <input type="checkbox"/> Other <input type="checkbox"/> _____</p> <p>If you are currently enrolled, are you completing the academic term? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you plan to petition for readmission in the future? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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I am aware there could be academic and financial ramifications due to my request.

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Hold – Pending the following: _____

Denied – Reason(s): _____

Approved _____ Date: _____

Signature of Associate Dean of Student Affairs

Effective date: _____