



University Withdrawal Form

Official withdrawal from Charles R. Drew University of Medicine and Science is complete when the University Withdrawal Form has been completed and submitted to the Office of the Registrar.

Student ID #: _____ Program: _____ Date: _____
 Student Name: _____ Personal Email: _____
 Current Address: _____
 Primary Telephone Number: _____ Alternate Telephone Number: _____

Withdrawal Information

Last Date Attended: _____ Last Class Attended: _____
 Term of Withdrawal: Spring Summer Fall 20____

General Reason(s) for Withdrawal:

- Cost of Attending CDU Personal/Family Issues Medical/Health
 Transferring to _____ Social Atmosphere Other

In the space below, please describe in a short statement your reason for withdrawing:

Please read carefully and sign that you understand the terms and conditions of your withdrawal:

- I am responsible for all outstanding financial obligations to the University.
- I must meet with the Office of Financial Aid and Scholarships to discuss the financial implications of my withdrawal, including repayment of student loans and other aid.
- By signing this form, I understand that I am withdrawing from the University and that I have 48 hours to rescind this withdrawal request in writing to the Office of the Registrar.

Student Name: _____ Signature: _____ Date: _____

The following signatures are **highly recommended** and attests to the student receiving appropriate program advising and exit counseling:

Program Director/MMDCON Dir of Student Success: _____ Date: _____
 Office of Financial Aid and Scholarships: _____ Date: _____
 Office of Student Finance: _____ Date: _____

τ Office of the Registrar - Office Use Only τ		
Action	Date:	Signature:
Initiated (Received):		
Last Day of Attendance:		
Registrar Processed:		
Notification Emailed to Departments:		
Academic Standing		