



American University of the Caribbean  
School of Medicine  
est. 1978

American University of the Caribbean  
School of Medicine  
**OFFICIAL WITHDRAWAL FORM**  
**Medical Sciences**

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

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

Student #: \_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Month/day/year

Please note that if you are a federal student aid borrower, you must complete federal exit counseling as soon as possible. You may complete this federal requirement by logging on to [www.studentloans.gov](http://www.studentloans.gov). The Exit Counseling is listed under the Tools and Resources column. You will be taken to the National Student Loan Data System web site to complete the exit counseling and review your current Federal loans. You will be required to read information and answer questions. The results will be forwarded to the school within 24 hours.

**Please present this form to each of the following officials for signature:**

Business Office: \_\_\_\_\_ Date: \_\_\_\_\_

Librarian: \_\_\_\_\_ Date: \_\_\_\_\_

Assoc. Dean of Student Affairs: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Acting Dean: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

To be completed by Campus Registrar: Last Date of Attendance: \_\_\_\_\_ Determination Date: \_\_\_\_\_