



Requests to withdraw from School are initiated in Student Affairs. Appropriate personnel will meet to review the request to assure administrative procedures are followed and an academic plan considered. A final decision to grant the request will be made in writing to the student.

Last Date of Attendance: \_\_\_\_\_

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

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

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

Permanent Address: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(Where you will receive mail after withdrawal)

Program of Withdrawal: \_\_\_\_\_

Reason:

\_\_\_\_\_ Academic

\_\_\_\_\_ Medical

\_\_\_\_\_ Personal

\_\_\_\_\_ Other \_\_\_\_\_

(Please Explain)

I hereby request to be withdrawn from Pacific Northwest University of Health Sciences, subject to all regulations pertinent to withdrawal and refunds, and affirm all the above information is correct. I understand subsequent registration or readmission must be in accordance with the University's regulations in effect at that time. I understand that all financial obligations to the University must be paid before I may register again or receive copies of my academic records. If I am eligible for any refund, I understand that it will be computed as of the date that this form was signed by the Dean and may be reduced by any debt I currently owe the University or by my failure to complete the withdrawal process. I understand and accept full responsibility for any and all consequences of withdrawing from Pacific Northwest University of Health Sciences. The withdrawal process will be considered complete when all signatures below are attained and the form has been submitted to the Associate Dean for Medical Student Affairs.

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

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

Dean: \_\_\_\_\_

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



I, \_\_\_\_\_ discussed my federal student loans with the Financial Aid office, and I  accept  decline a post-withdrawal disbursement I may have earned.

Student Signature: \_\_\_\_\_

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

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

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

Office of Financial Aid: \_\_\_\_\_

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

To insure all documentation, per Federal Guidelines, has been completed and reviewed by student and institution

Director of Information Technology: \_\_\_\_\_

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

To insure all appropriate IT equipment has been returned, laptops, iPads, etc.

Office of Security: \_\_\_\_\_

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

To insure return of parking permits and ID badges

Library: \_\_\_\_\_

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

To insure no outstanding books, fines, etc.

Facilities: \_\_\_\_\_

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

To insure return of all keys.

Clinical Skills Center: \_\_\_\_\_

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

To insure all medical equipment is returned, Stethoscope, Welch-Allyn Diagnostic Kit, BP Cuff, etc.

Assoc. Dean for Medical Student Affairs: \_\_\_\_\_

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

Lab Coat

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

Tuition Refund: \_\_\_\_\_

Refund Request Date: \_\_\_\_\_

Registrar: \_\_\_\_\_

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