



## 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 Registration and Records.

Student ID #: \_\_\_\_\_ Program: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

**Withdrawal Information:**

Last Date Attended Class: \_\_\_\_\_ Term Withdrawal: Spring Summer Fall 20\_\_\_\_\_

Reason(s) for Withdrawal: Cost of Attending CDU Another Institution (Transfer) Personal/Family  
 Issues Medical/Health Social Atmosphere Other, please specify: \_\_\_\_\_

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

I understand that although I am withdrawing from Charles R. Drew University of Medicine and Science, I am responsible for all outstanding financial obligations to the University. I further understand that 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 have 48 hours to rescind this withdrawal request in writing to the Office of Registration and Records.

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

**The following signatures are highly recommended for advising and exit counseling.**

Program Director/MMDSON Dir Of Student Affairs: \_\_\_\_\_ Date: \_\_\_\_\_

Office of Financial Aid and Scholarships: \_\_\_\_\_ Date: \_\_\_\_\_

Office of Finance: \_\_\_\_\_ Date: \_\_\_\_\_

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

Office of Student Affairs/Retention: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY		
	Date:	Signature:
Initiated (Received):		
Last Day of Attendance:		
Registrar Processed:		
Rescinded:		
Notification Emailed to Departments:		

*CDU has a zero tolerance for any form of discrimination and/or harassment including, but not limited to, discrimination and/or harassment on the basis of race, color, sex, sexual orientation, gender, gender identity, gender expression age (over 40), physical handicap, disability, national origin, ancestry, marital status, medical condition, military or veteran status, genetics, or religion. CDU does not prohibit the use of any language unless such prohibition is required for business or academic purposes. CDU will not retaliate against any employee, applicant, or student because they have engaged in protected activity.*