Center for Allied Health Education
WITHDRAWAL FORM

TO BE COMPLETED BY STUDENT:

☐ Junior ☐ Senior ☐ One Year Program

Type of withdrawal:

☐ Official (Student signature required)
☐ Unofficial (Student signature not required)

Program: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home (_____) _____ Work (_____) _____

Cell (_____) _____ Other (_____) _____

Email: _____ SS #: _____-_____-_____

Indicate the reason(s) for withdrawing from the program: (check all that apply)

☐ Need a break from school
☐ Other responsibilities are too great
☐ Left for service in official church mission
☐ Safety concerns
☐ Transferring to another institution
☐ Dissatisfied with my academic performance
☐ Financial issues
☐ Left for federal foreign aid service
☐ Illness
☐ Called for active duty in armed forces
☐ School conflicts with work
☐ Unable to obtain sufficient financial aid
☐ Program was not what I expected
☐ Permanent disability
☐ Other (please explain): _____

I certify that the information given in this withdrawal request is complete and accurate. I am aware that withdrawing from New York Methodist Hospital's Center for Allied Health Education may affect my financial aid status and I take full responsibility for any financial obligations that may result from my withdrawal. I further understand that should I decide to return to the Center I will be required to go through the re-admission process which includes an interview with the program committee. Should I be re-accepted, I will be responsible for the then current tuition and fees, policies and procedures, curriculum and graduation requirements.

Student: _____
Print Name Signature Date

Program Director: _____
Print Name Signature Date

A copy of the student's transcript should be attached and filed in the student's file.

TO BE COMPLETED BY THE OFFICE OF FINANCIAL AID

Student received financial aid? ☐ Yes ☐ No
If student received federal loans, student has been provided with loan exit materials? ☐ Yes ☐ No
Student has been counseled on how this withdrawal may affect future receipt of financial aid? ☐ Yes ☐ No

Director of Financial Aid _____
Print Name Signature Date

Director of the Center: _____
Print Name Signature Date

Notifications:

Registrar	Compliance	Financial Services