



American University of the Caribbean
School of Medicine

American University of the Caribbean
School of Medicine

OFFICIAL WITHDRAWAL FORM
Clinical 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. 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:

University Registrar: _____ Date: _____

Assoc. Dean of Clinical Student Affairs: _____ Date: _____

Last Date of Attendance: _____ Determination Date: _____