

**Withdrawal from the College of Medicine & Life Sciences**



**COLLEGE OF MEDICINE  
AND LIFE SCIENCES**  
THE UNIVERSITY OF TOLEDO

Name: \_\_\_\_\_ Class year: \_\_\_\_\_

Address: \_\_\_\_\_ Rocket Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_

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

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Course/Clerkship at time of Withdrawal: \_\_\_\_\_

**Mandatory Exit Counseling for Financial Aid Provided:**

**Yes/Date:** \_\_\_\_\_ **No:** \_\_\_\_\_ **Not applicable:** \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean for Student Affairs

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean, College of Medicine & Life Sciences

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date