

Withdrawal from the College of Medicine & Life Sciences



COLLEGE OF MEDICINE
AND LIFE SCIENCES
THE UNIVERSITY OF TOLEDO

Name: _____ Class year: _____

Address: _____ Rocket ID: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Effective Date: _____

Reason for Request: _____

Current Course/Clerkship at time of Withdrawal: _____

Student Signature: _____

Mandatory Exit Counseling for Financial Aid Provided:

Yes/Date: _____ No: _____ Not applicable: _____

Financial Aid Representative Signature

Associate Dean for Student Affairs

Dean, College of Medicine & Life Sciences

Registrar's Office