

APPLICATION TO WITHDRAW FORM



Belize Campus: Sea Star Drive ♦ San Pedro Town, Ambergris Caye, Belize

U.S. MAILING ADDRESS: 6956 E. Broad Street, Suite 400 ♦ Columbus, OH 43213

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Washington University of Health and Science

WUHS

THIS FORM SHOULD BE USED IF:

1. Student is currently registered and is completing the academic semester, but will not be returning, wishing to withdraw.
2. Student is currently registered and is completing the academic semester, but will withdraw from a specific current registered course of study.

STUDENT INFORMATION

1 Full Legal Name:

Last/Family Name/Surname

First/Given/Personal

Middle

2 Student ID Number:

As appears on ID card

Current Enrollment:

Program - Semester

3 Address:

Number and street or rural route

Apt. No.

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Area Code

Phone Number

City or Town

State

Country

Zip Code

REQUEST INFORMATION

From which semester would

4 you like to drop class(s)?:

Fall (September)

Spring (January)

Summer (May)

Year **20**

5 List the course(s) you wish to drop (if you are withdrawing from full program, please indicate "Full Program")

6 Select your reason for withdraw/transfer: (select all that apply)

Medical/Health

Personal / Financial

Rotation Placement

Study Environment

USMLE Passing Rate

School's Deficiencies

Academic

Military

Other _____

If other reason - please explain

INSTRUCTIONS

STATEMENT: I am currently enrolled at WUHS and I wish to discontinue my enrollment at the University. I have read and agree to the university withdrawal and refund policy. I understand that it is my responsibility to follow up with student services that apply to me, and that I must return my Student ID Card to the Registrar's Office. I fully acknowledge that my official transcripts will only be released upon approval of the Withdrawal Request Form, duly filled, along with a \$40 transcript request fee. I understand that I am responsible to pay any outstanding obligations to Washington University of Health and Science.

- Requests for transfer or withdrawal must be reviewed and approved by the Retention Committee.
- WUHS reserves the right to set criteria for withdrawals as outlined in the Student Handbook.
- The student must provide the Retention Committee with a one-page account for the reasons of transfer before they can be approved.
- The student may submit any other supporting documentation they feel will help their case.
- The Retention Committee is obligated to notify the student of its decision within 14 days.
- If applicable, tuition and fees refund will be processed within 30 days of the withdrawal/transfer approval.

**Mail completed form to school address or you may also fax form to: +614.340.4688 or email form to: admissions@wuhs.edu.bz

Signature: _____

Date: _____