

Michigan State University College of Osteopathic Medicine

Registrar's Office

965 Fee Road, Room C110

East Lansing, MI 48824-1316

Phone: 517-353-7741, Fax: 517-432-1976

Withdrawal Request

Please allow 3-5 business days for processing

Instructions:

1. Complete and attach letter explaining reason for request.
2. Submit request form and letter of explanation to: OsteoMedReg@hc.msu.edu
3. Office of Financial Aid should be consulted to discuss impact withdrawal will have.

Student Information: Please PRINT

Student name: _____ Phone: (____) ____ - _____

Class Year: _____ Site/Base Hospital: _____

Date/Semester withdrawal Requested: _____ Email: _____

Address: _____

Reason for withdrawal request (check):

Academic Performance

Health/Medical

Family

Military

Financial

Pursue Additional Degree

Other _____

Attach letter explaining reason for request

By my signature below, I understand that I am requesting to be voluntarily withdrawn from Michigan State University College of Osteopathic Medicine and will be given the opportunity to petition The Committee on Student Evaluation (COSE) should I desire future reinstatement to the college.

Signature: _____ Date: _____

MSUCOM Official Signatory:

The above noted student's request for withdrawal has been reviewed and approved effective ____/____/____.

MSUCOM Official Signatory: _____

Date: ____/____/____