



Medical Student Withdrawal/Leave of Absence Request

Student Name: _____ **Rowan ID Number:** _____

Address: _____

Phone Number: _____ **Rowan E-Mail:** _____

Action Sought:

- Withdraw from the University
 Administrative
 Personal (initiated by student)

Effective Date/Semester: _____
(Withdrawn grade)

- Leave of Absence
 Administrative
 Personal (initiated by student)

Effective Date/Semester: _____
(Incomplete grade)
 Provides up to two academic years to re-enroll to Cooper Medical School of Rowan University.

Reason:

- Academic Financial Medical
 Transferring Other: _____

Disciplinary Action Pending:

- Yes No Withdrawal/Leave may not be approved while disciplinary action is pending. Contact the Student Affairs Office.

Consultations:

Students must consult with each office listed to review the implications of the requested action.

<input type="checkbox"/> Associate Dean for Medical Education		Representative: _____ Date: _____ Notes: _____
<input type="checkbox"/> Financial Aid	Withdrawal or non-attendance may result in loan cancellation or significant reduction in eligibility for loans or other aid. It may also have an impact on your bill.	Representative: _____ Date: _____ Notes: _____

I am the above referenced student and have submitted this request with the full understanding of my responsibility to read and understand the Cooper Medical School of Rowan University policies and guidelines pertaining to registration, admission, enrollment terms and financial responsibilities as outlined in the Student Handbook.

Student Signature: _____ **Date:** _____

Assoc. Dean of Student Affairs' USE ONLY

- Request Approved
 Effective Date/Semester: _____
 Expected Date of Return (Date/Semester): _____
- Request Not Approved
- By: _____ Date: _____
Assoc. Dean of Student Affairs & Admissions or Designee

Assoc. Dean of Student Affairs' USE ONLY

Date Student Returned: _____
 Date Notified Student Will Not Return: _____
 By: _____ Date: _____
Assoc. Dean of Student Affairs & Admissions or Designee

REGISTRAR'S USE ONLY

Processed By: _____ Date: _____
Registrar or Designee

Notes: _____

