

UEWM Withdrawal Form

Purpose

Use this form to notify our office that you will be withdrawing from University of East-West Medicine before obtaining a degree (not yet graduated). This form requires the signature of your Registrar. For international students, after withdrawing, your F1 status will change to terminated status, you will not have a grace period to remain in the United States. You must depart as soon as possible.

Student Information

Last Name: _____

First Name: _____

Date of Birth: _____

Email: _____

Phone #: _____

F1 Student Yes No

When is /was your last semester at UEWM?

Spring _____ Summer _____ Fall _____

Withdraw Information

Reason for withdraw: _____

Date of withdrawal from UEWM _____ (MM/DD/YYYY)

Student signature: _____ **Date:** _____

For Office Use Only

Registrar Signature: _____ Date: _____