

Withdrawal Form

	this section is for office use only - not for student to cor
Full Name (please print):	Last Date of Attendance
	 Date Notified of Withdrawal
Student ID Number (or last four of SSN if not known)	
	Date Completing Form
Program of Enrollment	
Please check the applicable box:	
☐ Full withdrawal	
$\hfill\square$ Withdrawal with intent to transfer (transcripts may be	ordered through Parchment)
☐ Leave of Absence • Intended date of return (if known)	
eparation Checklist: Update WebSTAC with new address if needed	
 Ensure you've set up eRefunds (Direct Deposit) on We a credit balance 	bSTAC in case the University owes you
 If you borrowed federal student loans, these may have withdrawal. Be sure to complete online exit counselin Planning (medfinancialaid@wustl.edu) for questions a 	g and contact Student Financial
 Check WebSTAC within 1-2 weeks to see if you owe me wusmregistrar@wustl.edu for any Student Accounts re 	
• Contact Student Health (studenthealthservice@wusm. questions.	.wustl.edu) for any health coverage
Please provide forwarding address, phone number, an	d email address:
itional Comments:	
 Student's Signature	 Date

Please submit this to your program.

Program Directors - please distribute this information to: medfinancialaid@wustl.edu wusmregistrar@wustl.edu studenthealthservice@wusm.wustl.edu