



**University Withdrawal Form
Registrar's Department**

St. Matthew's University
12124 High Tech Avenue
Suite 290
Orlando, FL 32817

Print form, complete requested information, and return to SMU at the address, email or fax number listed at the bottom of this form.

Last name _____ First Name _____ Middle _____

Student I.D. # _____ Withdrawal Date _____

Med Student Vet Student

Semester: Fall Spring Summer Year _____

Hardship (self or family) Medical (self or family) Financial Educational opportunity/Transfer

PICK ONE OF THE ABOVE AND FULLY EXPLAIN THE DETAILS:

I understand that I am responsible for all fees incurred prior to withdrawal, including the Student Health Insurance fee unless approved to waive the insurance. Fee information is available on http://www.stmatthews.edu/med_tuition-and-fees.shtml and http://www.stmatthews.edu/vet_tuition-and-fees.shtml.

Signature of Student

Date

Amitabha Basu, MD, Assistant Dean, Basic Sciences, School of Medicine
Karen Rosenthal, DVM, MS, Associate Dean of Academic Affairs, School of Veterinary Medicine
Terrence Reid, Associate Dean of Clinical Students, School of Medicine

Grand Cayman students: Hand deliver or fax to the **Dean Med fax** 345.945.3130 **Vet Med fax** 345.745.3130
Clinical students: Fax to Terrence Reid at 800.565.7177 or 407.488.1702

Students will be considered still enrolled in the university until the withdrawal form is completed properly and submitted to the Registrar's office.

FOR OFFICIAL USE ONLY:

Form Received Date: _____

Date Processed: _____