

# REQUEST TO WITHDRAW

See Article 6.9 of the Graduate School Policy Handbook for Guidelines.  
Submit form to Graduate School – N204



THE GRADUATE SCHOOL OF  
BIOMEDICAL SCIENCES  
  
BAYLOR COLLEGE OF  
MEDICINE

Student Name: \_\_\_\_\_ BCM ID #: \_\_\_\_\_

Graduate Program: \_\_\_\_\_ (Are you also in the MD/PhD Program?  Yes  No)

**This form must be submitted prior to the effective date of withdrawal.**

EFFECTIVE DATE OF WITHDRAWAL: \_\_\_\_\_

REASON:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Telephone:  
(\_\_\_\_) \_\_\_\_\_

Non-BCM email address \_\_\_\_\_

## REQUIRED APPROVALS

**(Department administrators must obtain approval from the GSBS prior to entering any HR actions for graduate students)**

DEPARTMENT ADMINISTRATOR: \_\_\_\_\_  
SIGNATURE DATE PRINTED NAME

PROGRAM ADMINISTRATOR \_\_\_\_\_  
SIGNATURE DATE

MAJOR ADVISOR: \_\_\_\_\_  
SIGNATURE DATE

PROGRAM DIRECTOR: \_\_\_\_\_  
SIGNATURE DATE

GRADUATE SCHOOL DEAN: \_\_\_\_\_  
SIGNATURE DATE

(OVER)

WITHDRAWAL CLEARANCE PROCESS  
REQUIRED BY BAYLOR COLLEGE OF MEDICINE

STUDENT WITHDRAWING:		BCM ID #:	
WITHDRAWAL DATE:			

- ♦ FINAL TRANSCRIPT HAS BEEN REVIEWED AND APPROVED, WITH EXCEPTIONS NOTED ON TRANSCRIPT:

Student's Signature Date

- ♦ WITHDRAWAL FORM HAS BEEN REVIEWED AND APPROVED BY THE GRADUATE SCHOOL AND THE STUDENT MAY PROCEED WITH THE CLEARANCE PROCESS.

Graduate School Date

**SIGNATURES BELOW INDICATE DESIGNATED RESPONSIBILITIES HAVE BEEN MET**

SIGNATURES MUST BE OBTAINED IN THIS ORDER	Signature	Date
<p><b>Benefits (Student Health Insurance)</b> Insurance coverage terminates the last day of the month in which a student graduates or withdraws. Although BCM does not endorse any particular health insurance company, the following are possible resources for purchasing an individual policy: Ehealth Insurance, Government Marketplace or Wortham Insurance</p> <p style="background-color: yellow; color: red; text-align: center;"><b>Student's signature acknowledges receipt of this information</b></p> <p style="text-align: center; color: red;"><b>X</b></p>	No signature required from Benefits.	
<p><b>International Services Office – O'Quinn Medical Tower, 6624 Fannin, Suite 1800</b></p> <p><i>Required for non-U.S. citizens including U.S. permanent residents</i></p>		
<p><b>Student Financial Aid - N104 <a href="mailto:financialaid@bcm.edu">financialaid@bcm.edu</a></b> 713-798-4603 M-Th 8am-5pm Fr 8am-4pm</p> <p><input type="checkbox"/> <b>Federal Loan Exit Counseling</b>    <a href="http://www.studentloans.gov">www.studentloans.gov</a></p>		
<p>Student Account Services – O'QUINN TOWER Email form to <a href="mailto:sas@bcm.edu">sas@bcm.edu</a> for signature</p> <p><input type="checkbox"/> <b>Federal Loan Exit Counseling</b>    <input type="checkbox"/> <b>Account Paid in Full</b></p>		
<p><b>TMC Library</b> <i>Account is closed if student is leaving Baylor. If remaining at Baylor as a Postdoc, account is changed accordingly.</i></p>		
<p><b>Security – BCM 108H</b> <i>ID badge turned in here.</i></p>		

**COMPLETED FORM MUST BE RETURNED TO THE GRADUATE SCHOOL OFFICE BY THE STUDENT**