



Request to Withdraw

(See Article 6.9 of the Graduate School Policy Handbook)

This form is submitted to the Graduate School, Room N204

Student Name: _____ BCM ID #: _____

Graduate Program: _____ Are you in the MD/PhD program? Yes No

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

Effective Date of Withdrawal: _____

Reason for Withdrawal:

Student Signature: _____

Date: _____

Forwarding Address: _____

Phone: _____

Non-BCM Email: _____

| Required Approvals | | | |
|---|---------------------|------------------|-------------|
| (Department administrators must obtain approval from the GSBS prior to entering any HR actions for graduate students) | | | |
| Dept. Administrator: | | | |
| | <i>Printed Name</i> | <i>Signature</i> | <i>Date</i> |
| Program Administrator: | | | |
| | <i>Printed Name</i> | <i>Signature</i> | <i>Date</i> |
| Major Advisor: | | | |
| | <i>Printed Name</i> | <i>Signature</i> | <i>Date</i> |
| Program Director: | | | |
| | <i>Printed Name</i> | <i>Signature</i> | <i>Date</i> |
| Dean, Graduate School of Biomedical Sciences: | | | |
| | <i>Printed Name</i> | <i>Signature</i> | <i>Date</i> |



Withdrawal Clearance Process Required by Baylor College of Medicine

Student Name: _____

BCM ID: _____

Withdrawal Date: _____

- ❖ Final Transcript has been reviewed & approved, with exceptions noted on transcript.

Student Signature: _____

Date: _____

- ❖ Withdrawal Form has been reviewed & approved by the Graduate School and the student may proceed with the clearance process.

Graduate School
Authorized Signature: _____

Date: _____

SIGNATURES BELOW INDICATE DESIGNATED RESPONSIBILITIES HAVE BEEN MET
(Signatures must be obtained in the order below and on one page)

| Signatures must be obtained in this order: | Signature | Date |
|---|---|------|
| Benefits (Student Health Insurance) 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 | No signature is required from Benefits office. --- Student must acknowledge receipt of this information: | |
| International Services Office – O’Quinn Medical Tower, 6624 Fannin, Ste 1800 InternationalServicesTeam@bcm.edu <i>Required for non-U.S. citizens including U.S. permanent residents</i> | | |
| Student Financial Aid – Room 415A financialaid@bcm.edu 713-798-4603 Mon-Thu: 8am-5pm Fri: 8am-4pm <input type="checkbox"/> Federal Loan Exit Counseling www.studentloans.gov | | |
| Student Account Services Email form to sas@bcm.edu for signature <i>AFTER</i> obtaining Financial Aid signature <input type="checkbox"/> BCM Loan Exit Counseling <input type="checkbox"/> Account Paid in Full | | |
| TMC Library <i>Account is closed if student is leaving Baylor. If remaining at Baylor as a Postdoc, account is changed accordingly.</i> ras.check@library.tmc.edu | | |
| Security – BCM Room 108H <i>ID badge turned in here.</i> | | |

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