



Request to Withdraw from Program

Medical Laboratory Sciences

or

Occupational Therapy

Center for Allied Health Programs
15-194 PWB/MMC 714 Mayo
516 Delaware Street SE
Minneapolis, MN 55455
Phone: 877-334-2659
Fax: 612-626-8127
www.cahp.umn.edu

Type in the fields below, print out completed form, and sign.
Return your completed form to the Center for Allied Health Programs at the address/fax listed above.

Name: _____ Program: _____

U of M ID Number: _____

Effective Semester: _____ Reason:

Year: _____

By signing this form, I acknowledge the following:

- Completing this form does not cancel any course registrations. I am responsible for officially withdrawing from any courses I am currently enrolled for *affected* semesters. Failure to do so will result in billing and assigned grades for that term. Deadlines and policies for refunds and "W" grades are available on the One Stop website (<http://onestop.umn.edu>).
- If I have received financial aid from the University, I am advised to contact Ms. Elizabeth Holm (holmx029@umn.edu) who is the financial aid counselor for Academic Health Center students, to learn about my responsibility to those funds.
- If I decide to pursue the above Center for Allied Health curriculum in future application cycles, I must complete an entirely new application. This will include new application materials (transcripts, letters of recommendation, GRE score reports [if applicable], and all online application materials).

Additional information about withdrawing from the U of M can be found on the [One Stop](#) website.

Signature: _____ Date: _____

For Office Use Only:	
Date Received: _____	Program Director: _____
Initials: _____	Date: _____