

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)

