



EASTERN VIRGINIA
MEDICAL SCHOOL

EASTERN VIRGINIA MEDICAL SCHOOL Withdrawal Form

Full Name: _____ SID#: _____

Date: _____

Permanent Address:

Present Address (if different from above):

I am planning to leave EVMS: ____ Now ____ End of Enrollment Period ____ Other

My last day of class attendance was/will be: _____

Please indicate your reason(s) for leaving EVMS (check all that apply):

- _____ Academic
- _____ Financial
- _____ Health
- _____ Transfer Out
- _____ Other Reasons

It is not easy to express one's reasons for leaving EVMS by checking one line on a form. Please use the area below to briefly indicate the circumstances surrounding those categories you have checked above. If there is no reason that fits you precisely, please indicate what other reasons have influenced you to leave EVMS and why.

Do you plan to return to EVMS at a later date? ____ yes ____ no ____ undecided

If so, when (i.e., Fall 2002)? _____

Associate Dean for Academic Affairs or
Health Profession Program Director _____ Date _____

**After this form has the appropriate signature, you must do an exit interview from EVMS. You need to complete the Clearance Certificate Form which you can obtain from the Office of Student Affairs. After this form has the appropriate signatures, you need to set up an exit interview with the Office of the Registrar.