



INTERNATIONAL AMERICAN UNIVERSITY COLLEGE OF MEDICINE

Campus: Post Box #615, Gable Woods South, Vieux Fort, St. Lucia, WI

U.S. Admissions Office: 5999 Summerside Drive, Suite 220, Dallas, TX 75252

Student Withdrawal Form

INSTRUCTIONS: Complete this form only if you wish to withdraw permanently from IAU College of Medicine. Do not complete this form if you are requesting a Leave of Absence from the campus, instead, please submit a Leave Of Absence form. Submit the completed form via facsimile to the Admissions Office at 972.484.9970. The completed form will be forwarded to the Registrar for further processing.

Student Last Name		First	Middle	Student ID Number	
Permanent Address		Apt. No.	City	State	Zip Code
Country					
Primary Telephone # ()			Email Address		

I wish to withdraw (Indicate date)

Effective Immediately: / /
 Effective at the end of semester: / /

Reason for withdrawal(Check as many as may apply)

Academic
 Personal
 Financial
 Health

Transferring to another university, Please indicate school: _____

Other: _____

Withdrawal Policy

This Student Withdrawal Form must be submitted to the office after you've completed the entire form, including signatures. Your withdrawal from IAU is not valid until this form is processed by the Office of Student Records and the student has received a letter of confirmation.

Transcripts are sent to other institutes only after all outstanding payments have been received. All course *incompletes* at the time of withdrawal will show as a "W" or withdrawal on the IAU transcript.

Students who withdraw must re-apply if they wish to return to IAU. Students who are re-admitted will be subject to all policies and procedures in place at the time of re-admission.

Refund checks will be processed within four(4) months of receipt of this form by the Registrar's Office.

I am withdrawing from IAU College of Medicine. I understand that my withdrawal does not release me from any financial obligations I may have to the IAU College of Medicine and that I must return all College property in my possession, including equipment, books, educational media, keys and ID cards, to the appropriate campus office. I understand I will not be issued a transcript until all financial obligations to IAU have been met.

Student Signature	Date
Dean Signature	Date

❖❖❖❖❖ OFFICE USE ONLY (Please do not write in this space) ❖❖❖❖❖

Date Received / /	Time Received <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Financial Clearance <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, please state \$ Owed: \$ _____)
Date Processed / /	By	Effective Date of Withdraw / /

