



# Request to Withdraw from Program

**Medical Laboratory Sciences**

or

**Occupational Therapy**

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 OneStop website (<http://onestop.umn.edu>).
- My \$250 tuition deposit is non-refundable (OT students)
- 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:	Program Director: _____
Date Received: _____	Date: _____
Initials: _____	Last updated 10/26/15 JC