

Saint James School of Medicine

WITHDRAWAL REQUEST FORM

Anguilla Campus: Albert Lake Drive, The Quarter, A-1 2640, Anguilla • Phone: 773-765-4697 • Fax: 264-497-5125
Bonaire Campus: Plaza Juliana 4, Kralendijk, Bonaire, Netherlands Antilles • Phone: 599-717-2150 • Fax: 599-717-2151
St. Vincent Campus: Cane Hall, Saint Vincent and the Grenadines
Administrative Office: C/o Human Resource Development Services Inc. • 1480 Renaissance Drive, Suite 300, Park Ridge, IL 60068
Phone: (800) 542 1553 • Fax: (847) 298 2539 • Web: www.sjism.org • Email: Records@mail.sjism.org

INSTRUCTIONS

SJSM defines a withdrawn student as someone who is currently enrolled at SJSM, wants to discontinue enrollment, and does not intend to seek admission in any other medical degree program or medical school for up to one year from the date of withdrawal.

- Students who wish to withdrawal from SJSM must be approved by the Retention Committee
- The student must provide the retention Committee with a one page account for the reason of withdrawal before they can be approved.
- Transcripts will only be released to a student who withdraws and then seeks admission in any non-medical educational program.
- Tuition refunds will be processed in 12-15 weeks from the date withdrawal was approved.
- Student must provide proof that they have left the island.

SEND COMPLETED FORM TO: *Via Fax:* (847) 298 2539 • *Via Email:* Records@mail.sjism.org

Via Mail: Human Resource Development Services Inc., 1480 Renaissance Drive, Suite 300, Park Ridge, IL 60068

TO BE FILLED OUT BY STUDENT

*****ALL FIELDS ARE REQUIRED TO BE FILLED OUT OR WILL NOT BE PROCESSED*****

Wait until end of current term? YES or NO Campus? Anguilla Bonaire St. Vincent

Full Name: _____ Student ID#: _____

Mailing Address: _____

Phone: _____ Email: _____

Reason for Withdrawal: (can also complete on separate paper and include with this form)

I am currently enrolled at SJSM and I wish to discontinue my enrollment at SJSM. I do not intend to seek admission in any other medical program at any other medical school for up to one year, from the date of withdrawal. By withdrawing from SJSM, I fully acknowledge that my official and unofficial transcripts will only be released to a party for purposes other than applying toward medical school for up to one year. If a student requires documentation to verify enrollment at SJSM at any given time, SJSM will provide such documentation in a letter form.

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Approved Denied On hold

(Registrar's Office) Signature: _____ Date: _____

Refund amount: _____ Approved by: _____ Date: _____