

Saint James School of Medicine

WITHDRAWAL REQUEST FORM

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SJSM defines a withdrawn student as someone who is currently enrolled at SJSM, wants to discontinue enrollment, and does not intend to seek admission in any other medical degree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.

- Students who wish to withdrawal from SJSM must go through an approval process.
- The student must provide a reason for withdrawal either on this form or on a separate document.
- Student must provide proof that they have left the island.
- Transcripts will only be released when all financial obligations have been met.
 - Must submit a separate Transcript Request Form and pay required fees.
- If a transcript is requested for another medical school, student's status will be updated to Transfer.
- Registrar services will notify the student of its decision via email within 30 business days.
- Tuition refunds will be processed in 12-15 weeks from the date transfer was approved.
 - ALL REFUND QUESTIONS MUST BE DIRECTED TO THE FINANCE DEPARTMENT

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: _____