



TRANSFER/WITHDRAWAL REQUEST FORM

Administrative Office: C/o Human Resource Development Services Inc. • 1480 Renaissance Drive, Suite 300, Park Ridge, IL 60068 Phone: (847) 375 0543 • Fax: (847) 298 2375 • Web: www.sjsm.org • Email: Records@mail.sjsm.org

INSTRUCTIONS

SJSM defines a **transfer student** as someone who is currently enrolled at SJSM, wants to discontinue enrollment and who intends to seek admission to a medical program in a medical school other than Saint James within a period of one year.

- Students who wish to transfer must be approved by the Retention Committee
- Transfers may not be automatically approved. SJSM reserves the right to set criteria for transfer students as outlined in the Student Handbook, which is available online.
- The student must provide the Retention Committee with a one page account for the reasons of transfer before they can be approved
- The student may submit any other supporting documentation they feel will help their case.
- The Retention Committee will notify the student of its decision in letter form within 30 business days.
- Tuition refunds will be processed in 12-15 weeks from the date transfer was approved
- Transcripts will only be released on submission of the Transcript Request form, duly filled, and the required fee paid

SJSM defines a **withdrawal 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 on submission of the Transcript Request form, duly filled, and the required fee paid

SEND COMPLETED FORM TO: Via Fax: (847) 298 2375 • Via Email: Records@mail.sjsm.org

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

TO BE FILLED OUT BY STUDENT

*****COMPLETE FORM BELOW AND PROVIDE REQUIRED DOCUMENTATION*****

Current Campus: Anguilla St. Vincent Bonaire Student ID#: _____

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Wait until end of current term? Yes No Request to: Transfer Withdrawal

I seek admission to (transfers only): _____

Reason for Transfer or Withdrawal must be attached or this request will not be processed

I am currently enrolled at SJSM and I wish to discontinue my enrollment at SJSM. If I require documentation to verify enrollment at SJSM at any given time, SJSM will provide such documentation in letter form.

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Approved Denied

Registrar's Office: _____ Date: _____

Finance Department: _____ Date: _____

Dean of Student Affairs: _____ Date: _____