



**OFFICE OF THE REGISTRAR
COURSE WITHDRAWAL FORM**

Withdrawal from a course which has already been scheduled requires:

- I. Completion of this form for your permanent file forwarded to the Office of the Registrar.
- II. Approval signature from the Course Director ***WHICH IS OBTAINED*** by the Office of the Registrar signifying departmental notification.

*Please complete top portion of this form & submit to the Office of the Registrar. Forms submitted with signature without prior knowledge from the Office of the Registrar **WILL NOT** be honored.*

REQUEST TO WITHDRAW FROM CLINICAL AND/OR NON-CLINICAL RESEARCH			
STUDENT NAME		BCM ID	
I REQUEST TO WITHDRAW FROM THE FOLLOWING COURSE:			
COURSE NUMBER <i>(i.e. MEMED 503)</i>		COURSE TITLE <i>(i.e. General Medicine Sub-Internship)</i>	
DEPARTMENT <i>(i.e. Medicine)</i>		ACADEMIC YEAR <i>(i.e. 2016-2017)</i>	
ROTATION DATES:	FROM <i>(i.e. mm/dd/yyyy)</i> / /	TO <i>(i.e. mm/dd/yyyy)</i> / /	QUARTER/TERM/MONTH <i>(i.e. 1B)</i>

WITHDRAWAL FROM COURSE REGISTRATION	
I AUTHORIZE THE WITHDRAWAL OF THE STUDENT AND THE COURSE DESIGNATED ABOVE. <i>(Withdraw forms should not be received from students please direct the student to the Office of the Registrar)</i>	
NAME OF COURSE DIRECTOR <i>(Please Print)</i>	
SIGNATURE OF COURSE DIRECTOR	DATE

SUBMIT COMPLETED REQUEST TO:

Baylor College of Medicine, Office of the Registrar
One Baylor Plaza | Mail Stop: BCM365 | Houston, TX 77030
Phone: (713) 798-7766 | Fax: (713) 798-1518 | Email: registrar@bcm.edu

REGISTRAR OFFICE USE ONLY

RECEIVED DATE: _____
SENT TO DEPT. ON DATE: _____

INITIALS OF REGISTRAR REPRESENTATIVE: _____
DATE OF DATA ENTRY: _____