

# REQUEST TO WITHDRAW

See Article 6.9 of the Graduate School Policy Handbook for Guidelines.  
Submit form to Graduate School – N204



THE GRADUATE SCHOOL OF  
BIOMEDICAL SCIENCES  
  
BAYLOR COLLEGE OF  
MEDICINE

Student Name: \_\_\_\_\_ BCM ID #: \_\_\_\_\_

Graduate Program: \_\_\_\_\_ (Are you also in the MD/PhD Program?  Yes  No)

**This form must be submitted prior to the effective date of withdrawal.**

EFFECTIVE DATE OF WITHDRAWAL: \_\_\_\_\_

REASON:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone:  
(\_\_\_\_) \_\_\_\_\_

Non-BCM email address \_\_\_\_\_

## REQUIRED APPROVALS

**(Department administrators must obtain approval from the GSBS prior to entering any HR actions for graduate students)**

DEPARTMENT ADMINISTRATOR: \_\_\_\_\_  
SIGNATURE DATE PRINTED NAME

PROGRAM ADMINISTRATOR \_\_\_\_\_  
SIGNATURE DATE

MAJOR ADVISOR: \_\_\_\_\_  
SIGNATURE DATE

PROGRAM DIRECTOR: \_\_\_\_\_  
SIGNATURE DATE

GRADUATE SCHOOL DEAN: \_\_\_\_\_  
SIGNATURE DATE

(OVER)

