

Request for DGSOM Withdrawal

Student Information (please print clearly)

Full Name (Last, First, Middle)		9-Digit UCLA ID
Current Mailing Address – Street		Telephone with Area Code
City	State	Zip/Postal Code
Permanent E-mail Address		
Year _____	Term <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Academic Calendar link
Last Date of Class/Course Attendance		

By completing this form, I hereby request a complete withdrawal from the DGSOM:

- I understand questions concerning how a withdrawal affects financial aid should be directed to the DGSOM Financial Aid Office prior to submitting this form.
- I understand this request will not be processed until I have returned the completed form to the DGSOM Student Affairs Office.
- I understand that any registration I may have completed for a future semester will be cancelled.
- I understand all grades are final.
- I understand the date I indicate on this form is the official withdrawal date that will be recorded in the DGSOM, University, AAMC, and NBME records.
- I understand I should continue to monitor my BruinBill account in MyUCLA for a period of 6 months for charges that may be assessed after the processing of this request to avoid my account being sent to collections.

State Reason(s) for Withdrawal (e.g. Academic, Health/Medical, Personal, Other, etc.) :

Student Signature

Date

Lee Miller, M.D., Associate Dean's Approval Signature

Date

Approved Withdrawal Date

SAO Use Only:

Enrollment status _____ Memoranda update _____ Change of status _____ MyCourses _____ ListServ _____ SRS _____
SOM/Housing _____ FAO _____ Main Campus _____ NBME _____ Moved records to DOCS _____