



**University of Mississippi Medical Center  
John D. Bower School of Population Health  
Withdrawal Request Form**

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Student Full Name\*: \_\_\_\_\_

Student Number: \_\_\_\_\_

Program: \_\_\_\_\_ Year: \_\_\_\_\_

**Reason for Withdrawal:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Effective Withdrawal Date\*\*: \_\_\_\_\_

Last Date of Attendance: \_\_\_\_\_

Existing Course Status: \_\_\_\_\_

*\*Insert legal name regardless of the name known by in the School.  
\*\*May be different from the date the withdrawal notice is submitted.*

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*I, \_\_\_\_\_, understand that by submitting this form I will be officially withdrawn from the John D. Bower School of Population Health at the University of Mississippi Medical Center.*

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Dean, or designee: \_\_\_\_\_ Date: \_\_\_\_\_