

**Oklahoma State University Center for Health Sciences
WITHDRAWAL FORM FOR GRADUATE STUDIES**

Name _____
Last Name (Surname) First Name Middle Initial Student ID Number

Ethnicity _____ Age _____

Address _____
City State Zip Code

Forwarding Address (if different) _____
City State Zip Code

Telephone _____

Program: Biomedical Sciences Forensic Sciences
_____ M.S. _____ M.S.
_____ Ph.D. _____ M.F.S.A.

Number of hours enrolled _____

Reason for Withdrawal _____

Do you plan to return to a college or University at a later date? Yes _____ No _____

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

If not withdrawn in person, withdrawal initiated by _____

This student has: attended not attended this semester attendance not known

To complete withdrawal student needs signed release from:

Financial Aid

Other _____

ASSOCIATE DEAN FOR GRADUATE STUDIES

Date _____ Signature _____

BURSAR

This is to certify that the student's account is _____

Date _____ Signature _____

REGISTRAR

Received by Registrar:

Date _____ Signature _____