



Albert Einstein College of Medicine

Office of the Registrar  
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Bronx, NY 10461  
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Einstein-MDregistrar@einsteinmed.org

## Withdrawal Form (MD)

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Banner ID #

\_\_\_\_\_  
Student's Forwarding Address

\_\_\_\_\_  
Anticipated Year of Graduation

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone

**WITHDRAWAL DATE:** \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Office of Student Finance: \_\_\_\_\_

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

International Students Office: \_\_\_\_\_

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

Dean for Student's Signature: \_\_\_\_\_

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

**PLEASE RETURN THE COMPLETED FORM TO THE REGISTRAR'S OFFICE-BELFER 210**

### ***OFFICE USE ONLY***

Faxed to Housing Department \_\_\_\_\_  
Date

Faxed to Occupational Health \_\_\_\_\_  
Date

Update:

\_\_\_ Banner \_\_\_ AAMC-SRS \_\_\_ Student File