MEDICAL WITHDRAWAL FORM

(See ga.rice.edu, "Leaves, Interruptions of Study and Withdrawal")

Department ___________________________ Effective Date of Withdrawal ________________

Student Name __________________________

Student ID # ________________

☐ The REQUIRED written request from the student is attached to the form (an e-mail is acceptable)

1. Is the student currently registered? ☐ Yes ☐ No

2. Is the student receiving a stipend? ☐ Yes ☐ No
   - If yes, has a termination PA been completed and forwarded to Graduate and Postdoctoral Studies to cancel the stipend? ☐ Yes ☐ No

3. If this is an international student, has OISS been consulted? ☐ Yes ☐ No

Department Contact: ___________________________ Phone Ext. ______

Acknowledged by Chair: ___________________________ DATE: __________

Approved by OISS: ___________________________ DATE: __________

Received by GPS (initials) ___________________________ DATE: __________

"I understand that I am no longer a Rice Student and must petition for readmission."
(ga.rice.edu, 'Leaves, Interruptions of Study and Withdrawal, 'Non-enrollment Restrictions')

Student Signature: ____________________________________________
(an email is acceptable)

RETURN TO GRADUATE COORDINATOR FOR SUBMISSION

Revised January 2017