

---

**MEDICAL WITHDRAWAL FORM**

(See [ga.rice.edu](http://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](http://ga.rice.edu), 'Leaves, Interruptions of Study and Withdrawal,' 'Non-enrollment Restrictions')

Student Signature: \_\_\_\_\_  
(an email is acceptable)

RETURN TO GRADUATE COORDINATOR FOR SUBMISSION