



**University Withdrawal Form  
Registrar's Department**

St. Matthew's University  
12124 High Tech Avenue  
Suite 290  
Orlando, FL 32817

Print form, complete requested information, and return to SMU at the address, email or fax number listed at the bottom of this form.

Last name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Student I.D. # \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

Med Student  Vet Student

Semester:  Fall  Spring  Summer Year \_\_\_\_\_

Hardship (self or family)  Medical (self or family)  Financial  Educational opportunity/Transfer

**PICK ONE OF THE ABOVE AND FULLY EXPLAIN THE DETAILS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I am responsible for all fees incurred prior to withdrawal, including the Student Health Insurance fee unless approved to waive the insurance. Fee information is available on [http://www.stmatthews.edu/med\\_tuition-and-fees.shtml](http://www.stmatthews.edu/med_tuition-and-fees.shtml) and [http://www.stmatthews.edu/vet\\_tuition-and-fees.shtml](http://www.stmatthews.edu/vet_tuition-and-fees.shtml).

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

Amitabha Basu, MD, Dean, Basic Sciences, School of Medicine

Brendan Lee, DVM, MSc, Associate Dean of Academic Affairs, School of Veterinary Medicine

Terrence Reid, Associate Dean of Clinical Students, School of Medicine

Grand Cayman students: Hand deliver or fax to the **Dean Med fax** 345.945.3130 **Vet Med fax** 345.745.3130

Clinical students: Fax to Terrence Reid at 800.565.7177 or 407.488.1702

**Students will be considered still enrolled in the university until the withdrawal form is completed properly and submitted to the Registrar's office.**

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**FOR OFFICIAL USE ONLY:**

Form Received Date: \_\_\_\_\_

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