



**University Withdrawal Form  
Registrar's Department**

St. Matthew's University  
11486 Corporate Blvd.  
Suite 120  
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, Associate Dean, Basic Sciences, School of Medicine  
Brendan Lee, DVM, MS, 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: \_\_\_\_\_