THE WARREN ALPERT Medical School
BROWN UNIVERSITY

Request to Withdraw from
The Warren Alpert Medical School of Brown University

Please complete this form, sign the bottom and email to AMS-records@brown.edu

Name: _____ Date submitted: _____

Current MD class: _____ Date of matriculation: _____

Effective date of your withdrawal: _____

Current Address: _____

Contact Information after withdrawing: _____

Non-Brown email address: _____

Reason for Withdrawal (select only one below):

- (●) Withdrawal – Academic Reasons
- ( ) Withdrawal – Financial Reasons
- ( ) Withdrawal – Health Reasons
- ( ) Withdrawal – Other Reasons
- ( ) Transfer to Other US Medical School

Comments

Rev. 6/2/2025

THE WARREN ALPERT Medical School
BROWN UNIVERSITY

Request to Withdraw from
The Warren Alpert Medical School of Brown University

Signature of Student	Date
Associate Dean for Student Affairs	Date
Director of Financial Aid	Date
Senior Associate Dean for Medical Education	Date

Please note that following voluntary withdrawal from The Warren Alpert Medical School, students are no longer eligible for readmission

Rev. 6/2/2025