



### Request to Withdraw from Alpert Medical School

Please complete this form online, sign the bottom and email to [AMS-Records@brown.edu](mailto:AMS-Records@brown.edu).

Name: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Current MD class: \_\_\_\_\_

Effective date of your withdrawal from AMS: \_\_\_\_\_

Contact information after withdrawing from AMS: \_\_\_\_\_

Address: \_\_\_\_\_

Non-Brown email address: \_\_\_\_\_

Reason for Withdrawal:

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

Comments

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean for Student Affairs

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Director of Academic Records

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Financial Aid

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senior Associate Dean for Medical Education

\_\_\_\_\_  
Date