ALHAMBRA MEDICAL UNIVERSITY

Mailing Address: 55 South Raymond Ave. Suite 105, Alhambra, Ca. 91801
Administration Office: Tel: (626) 289-7719 Fax: (626) 289-8641

UNIVERSITY WITHDRAWAL FORM

This form is to withdraw from Alhambra Medical University immediately. This form is NOT for dropping a course or discontinuing a degree.

I declare my intent to withdraw from _____ at Alhambra Medical University. I do not intend to return and understand that all future courses will be dropped.

_____ _____
Last Name First Name Student ID

_____
Student's Address APT.#

_____
City State Zip Code

Reason: _____

_____

_____

_____

_____ _____
Student's Signature Date

_____ _____
Registrar's Signature Date

_____ _____
Academic Dean's Signature Date

This request will be processed upon receipt in the Admissions Office as follows:

- Enrollment Status will be changed to University Drop
- Considered immediately withdrawn from the University