

This form must be completed and submitted/mailed to the Finance Manager (heq4001@med.cornell.edu) **THREE WEEKS** prior to the stipend termination date. Please note that you must obtain all necessary signatures before submitting the form.

DOCTORAL PROGRAM WITHDRAWAL REQUEST

STUDENT INFORMATION

Name: _____

E-Mail: _____

Program: _____

Telephone: _____

Year of Matriculation: _____

Reason for Requested Withdrawal

(Please attach supporting documents if necessary)

☐ Academic ☐ Medical ☐ Other

Major Sponsor: _____

Stipend Termination Date: _____

(If you have not selected a lab, please provide Program Director name)

Student Signature

Date

Major Sponsor / Program Director Signature

Date

RECOMMENDATION for TERMINAL MASTERS DEGREE

Admission for Candidacy Examination (ACE) Date: _____

Grade: _____

I recommend the above named student for a Terminal Masters degree: ☐ YES ☐ NO

Program Director Signature

Date

GRADUATE SCHOOL APPROVAL

Withdrawal from Program Approved: ☐ YES ☐ NO

Terminal Masters Degree Approved: ☐ YES ☐ NO

Associate Dean Signature

Date