

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