GEISINGER COLLEGE
OF HEALTH SCIENCES

525 Pine St.
Scranton, PA 18509
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geisinger.edu/education

Geisinger

OFFICIAL STUDENT WITHDRAWAL FORM

A student who wishes to withdraw from Geisinger College of Health Sciences must complete and submit this form to the appropriate representative for their school:

Geisinger Commonwealth School of Medicine:	Associate Dean of Medical Student Affairs
Geisinger School of Graduate Education:	Associate Dean for Graduate Education
Geisinger School of Nursing:	Director, School of Nursing

The official date of withdrawal will be determined by the students' last official date of attendance as determined by the Registrar. This date will determine if any refund of tuition is warranted.

Student Name _____ Date _____

Program_____ Advisor_____

Reason for Withdrawal:

- Medical
- Personal Circumstances
- Financial
- Academic
- Social
- Administrative Decision
- Transfer
- Other_____

Withdrawal will be finalized upon student's completion of the following:

- Return Student and Geisinger ID (as applicable)
- Return Parking Permit (if applicable)
- Return Library Materials
- Complete an Exit Interview with Financial Aid
- Return of research/institutional data (if applicable)
- Return of the Technology Package (if applicable)
- Meet with Bursar Office
- Final payment of all charges

Please provide signature below: **Date**

Student:

School Program Official:

Registrar: