

## Accepted Student Cancellation or Withdrawal Form

Please choose one option and sign below, then scan and email to [anna-kate@northwestern.edu](mailto:anna-kate@northwestern.edu) or fax to the Visiting Student Programs Office at 312/503-0715.

Student name: \_\_\_\_\_

**ROTATION CANCELLATION\***

I was accepted to a \_\_\_\_\_ (elective name) elective in the Department of \_\_\_\_\_ at Northwestern University Feinberg School of Medicine from \_\_\_\_\_ (mm/dd/yy) to \_\_\_\_\_ (mm/dd/yy) but will be **unable** to participate.

**ROTATION WITHDRAWAL**

I was accepted to rotate in the Department of \_\_\_\_\_ at Northwestern University Feinberg School of Medicine, but I will be unable to complete my rotation. I started my \_\_\_\_\_ (elective name) elective on \_\_\_\_\_ (mm/dd/yy) and am withdrawing on \_\_\_\_\_ (mm/dd/yy).

I understand that my grade will be an "Incomplete."

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Dropping the rotation in VSAS **and** submitting this form is required to cancel an elective. It must be received no later than 4 weeks prior to your start date. Failure to submit this form on time will result in being dropped from this and future rotations at Northwestern, and your school will be notified.*