

Accepted Student Cancellation or Withdrawal Form

Please choose one option and sign below, then scan and email to visitingstudents@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.*