Northwestern Medicine Feinberg School of Medicine Augusta Webster, MD, Office

Northwestern University Feinberg School of Medicine Augusta Webster, MD, Office of Medical Education Visiting Students' Program



303 East Chicago Avenue Ward 1-003 Chicago, Illinois 60611

312.503.1392 phone 312.503.0715 fax feinberg.northwestern.edu

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.