

# Intent to Withdraw Notice

## MEDPREP Student Progress System

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

I hereby give formal notice of my intent to withdraw from MEDPREP. I understand my eligibility for a Student Progress Committee Letter of Recommendation as indicated below.

### Effective Date

\_\_\_\_\_  
Month Date Year

### Current SPC Status

Good Standing

Warning

Probation

Leave of Absence

### Contact Information

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apartment Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Primary E-mail

### SPC Recommendation Letter Eligibility

Eligible, through next application cycle after effective date

Not Eligible

### Medical/Dental School Acceptances

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Reasons for withdrawal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Please return this completed form to:

Chair, Student Progress Committee  
MEDPREP  
Wheeler Hall Room 210  
Mailcode 4323  
Carbondale Illinois 62901

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date