Weill Cornell Medicine-Qatar

Student LAST Name: _____

Student FIRST Name: _____

Student CWID: _____

Student ID#: _____

Complete Withdrawal from WCMC-Q

In order to receive your official transcript, you are obligated to complete the following EXIT CHECKLIST documenting that you have cleared any and all financial or personal obligations to Qatar Foundation and Weill Cornell Medical College in Qatar.

Reasons for Withdrawal: ☐ Academic   ☐ Health
☐ Personal (please explain): _____
☐ Other (please specify): _____

QF Housing:	QF Housing Withdrawal Form	☐ Completed Date:
QF Housing Representative: I verify that this student has cleared QF Housing issues.		
Name: Signature: Date:		
☐ I certify that I have never lived in QF Housing. Student Signature:		

QF Finance Department:	Exit Interview	☐ Completed Date:
	Account Cleared	☐ Yes ☐ No ☐ NA Date:
QF Finance Department Representative: I verify that this student has cleared QF Finance Issues.		
Name: Signature: Date:		

HBKU Student Financial Services:	Exit Interview	☐ Completed Date:
	Account Cleared	☐ Yes ☐ No ☐ NA Date:
HBKU Student Financial Services: I verify that this student has resolved all HBKU Student Financial Services matters/issues.		
Name: Signature: Date:		

WCMC-Q ITS Department:	Laptop	☐ Yes ☐ No ☐ NA Date:
ITS Representative: I verify that this student has returned all equipment or has made the necessary payment arrangements for damaged or lost items.		
Name: Signature: Date:		

WCMC-Q DeLib:	Account Cleared	☐ Yes ☐ No ☐ NA Date:
Distributed eLibrary Representative: I verify that this student has returned all resources belonging to DeLib or made repayments.		
Name: Signature: Date:		

WCMC-Q Student Affairs	**Locker Cleared**	☐ Yes ☐ No ☐ NA Date:
	Pigeon Hole Cleared	☐ Yes ☐ No ☐ NA Date:
	Uniform/Equipment Returned	☐ Yes ☐ No ☐ NA Date:
	Student ID Returned	☐ Yes ☐ No ☐ NA Date:
	Vehicle Permit Returned	☐ Yes ☐ No ☐ NA Date:

Student Affairs Representative: I verify that this student has cleared all obligations to Student Affairs.

Name: Signature: Date:

Student LAST Name: _____

Student FIRST Name: _____

Student CWID: _____

Student ID#: _____

I understand that I will have no access to my WCMCQ email account and it is my responsibility to save all my personal emails and documents by July 1st.

STUDENT SIGNATURE: _____   Date: _____

Upon completing this form, you must submit it to the Office of the Registrar

OFFICIAL USE ONLY

Official Date of Withdrawal: _____/_____/_____   Academic Hold ☐Yes ☐ No

_____   _____

          Registrar's Signature   Date

EX (Initials/Date) _____   PeopleSoft (Initials/Date) _____   IT (Initials/Date) _____