



OTAGO MEDICAL SCHOOL
Te Kura Hauora o Ōtākou

Application for Withdrawal from the Medical Course

Please complete and return this form to your Associate Dean Student Affairs/Undergraduate Student Affairs *no later than the first Friday in August*

_____ seek approval to withdraw
(full names - please print) (ID Number)

from the _____ year class in _____ in order to:
(eg Fourth, Sixth) (eg 2021, 2022 etc)

- | | | | |
|--|--------------------------|--|--------------------------|
| i) Integrated study eg BMedSc(Hons)
BSc, BBiomedSc, BA, DPH/MPH (*specify below) | <input type="checkbox"/> | ii) Other Academic Study (*specify below) | <input type="checkbox"/> |
| iii) Health (Medical Certificate required) | <input type="checkbox"/> | iv) Compassionate (*specify below) | <input type="checkbox"/> |
| v) Travel (attach a statement no more than
one A4 page – will be used for ranking
readmission) | <input type="checkbox"/> | vi) Other (attach a statement no more than
one A4 page – will be used for ranking
readmission) | <input type="checkbox"/> |

***Further Details**

(attach additional pages if necessary)

Permanent Withdrawal Temporary Withdrawal (for one year – refer policy)

I plan to reapply for readmission to the _____ year course in _____
(eg Fourth/Sixth) (eg. 2021, 2022 etc)

Confirmation of withdrawal will be sent to your @student email address:

I shall apply in writing for readmission no later than **1 JUNE** of the year prior to that for which I seek readmission. I shall let you know of any change of address.

Signed: _____

Date: _____

Contact Email address during year off (if other than @student address) : _____

Please Note:

If you will be applying for re-entry into the fourth year of the medical course, please consider which campus you wish to attend, and indicate your choice on the application for readmission form.

This withdrawal has been discussed with the Associate Dean for Student Affairs (Undergraduate Education) and a recommendation for approval is sought from Otago Medical School Academic Board.

Signed: _____ Dated: _____
Associate Dean for Student Affairs (Undergraduate Student Affairs)

Send signed form to Manager, University of Otago Medical School



OTAGO MEDICAL SCHOOL
Te Kura Hauora o Ōtākou

Application for Readmission to the Medical Course

Please complete and return this form to:
Manager, University of Otago Medical School,
University of Otago, P O Box 56, DUNEDIN 9054

Students must apply for readmission to the medical course not later than **1 JUNE** of the year prior to that for which they seek readmission.

I seek approval
(full names - please print) (ID Number)

for readmission to the year class in
(eg Fourth, Sixth) (eg 2022, 2023 etc)

Please Note:
If you are applying for readmission into the medical course for fourth year for the first time, please state below which Campus you wish to attend:

My preferred Campus is:
(Dunedin, Christchurch, Wellington)

Confirmation of Application for Readmission will be sent to your @student email address unless an alternative is provided here :
.....

Signed:

Dated:

Copies:
Associate Dean Student Affairs/Undergraduate Student Affairs