



Universidad Autónoma de Guadalajara  
**SCHOOL OF MEDICINE**

**Withdrawal Request**

Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Program: \_\_\_\_\_

Current semester: \_\_\_\_\_

Personal phone number: \_\_\_\_\_

Permanent Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Zip Code: \_\_\_\_\_

UAG E-mail: \_\_\_\_\_ Other E-mail: \_\_\_\_\_

**REASON: (A typewritten explanation letter must be submitted in a separate sheet)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_