



استمارة انسحاب المتدرب من برامج الاختصاص والزمالة

Trainee Withdrawal Form from Residency/Fellowship Program

PART I:

1. Trainee's Full Name:
2. OMSB #: Staff #:
3. Training Program:
4. Level of Training:
5. Employer/Sponsor:
6. Start Date of Training:
7. Reasons for Withdrawal from the Training Program:

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Trainee's Signature: Date:

PART II: FOR EMPLOYER'S/SPONSOR'S USE ONLY:

Approval of the Employer/Sponsor: ☐ Approved ☐ Not approved

Name of the authorized person (must be filled):

Designation: Signature:

Date: Employer's/Sponsor's stamp:

PART III: FOR THE EDUCATION COMMITTEE OF THE SPECIALTY USE ONLY:

Decision of the committee: ☐ Approved ☐ Not approved

The committee's comments:

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Chair/Program Director's name:

Chair/Program Director's signature & Stamp: Date:



**PART IV: FOR THE COUNSELING AND GUIDANCE SECTION USE ONLY (REFERRED BY
ADMISSION & REGISTRATION SECTION/TRAINEE AFFAIRS DEPARTMENT):**

The Counseling and Guidance Section (CGS) has reviewed the withdrawal request and interviewed the trainee. ☐ Yes ☐ No

The CGS's report will be sent to the Director of Trainee Affairs Department.

Head of Counseling and Guidance Section:

Date: Signature: Stamp:

Note: The Trainee must complete the required data in Part I and Part II before submitting the withdrawal form to the Admission and Registration Section.