

استمارة انسحاب المتدرب من برامج الاختصاص والزمالة

Trainee Withdrawal Form from Residency/Fellowship Program**PART I:**

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

Trainee's Signature: Date:

PART II: FOR EMPLOYER/SPONSOR'S USE ONLY:Approval of the Employer/Sponsor: Approved Not approved

Name of the authorized person (must be filled):

Designation: Signature:

Date: Employer/Sponsor's stamp:

PART III: FOR THE EDUCATION COMMITTEE OF THE SPECIALTY USE ONLY:Decision of the committee: Approved Not approvedThe committee's comments:

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.