



Hackensack  
Meridian *Health*  
JFK Medical Center

Muhlenberg Harold B. and Dorothy A. Snyder Schools of  
Nursing and Medical Imaging

Program Withdrawal Notification

I \_\_\_\_\_ am withdrawing from the JFK Muhlenberg

Harold B. and Dorothy A. Snyder Schools – School of

Nursing  Radiography  Diagnostic Medical Sonography

Effective  Fall/ Spring \_\_\_\_\_

I understand, I must re-apply to JFK Muhlenberg Harold B. and Dorothy A. Snyder Schools and go through the entire application and admissions process.

\_\_\_\_\_ Transferring to another school

Name of school \_\_\_\_\_

Program of study & degree to be awarded \_\_\_\_\_

- \_\_\_\_\_
- Employment
  - Family
  - Financial
  - Health
  - Relocating
  - Personal
  - Other: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Last 4 of SS#: \_\_\_\_\_

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

\_\_\_\_\_  
Registration Office

\_\_\_\_\_  
Date