



Student LAST Name: _____

Student FIRST Name: _____

Student Class: _____

Student ID#: _____

WCM-Q Exit Form

In order to receive your official transcript and/or medical diploma, you are obligated to complete the following EXIT CHECKLIST documenting that you have cleared any and all financial or personal obligations to Qatar Foundation and Weill Cornell Medicine-Qatar. You may complete this in any order, except WCMQ Finance to be completed after ITS, DeLib and OCS.

Reasons for Exit: Academic Health Graduated

Personal (please explain): _____

Other (please specify): _____

Students with exit reasons other than "Graduated" will have no access to their WCMQ email account and it is the student's responsibility to save all personal emails and documents before submitting this form.

QF Housing:	QF Housing Withdrawal Form	<input type="checkbox"/> Completed	Date:
<i>QF Housing Representative: I verify that this student has cleared QF Housing issues.</i>			
Name:	Signature:	Date:	
<input type="checkbox"/> I certify that I have never lived in QF Housing. Student Signature:			

QF Finance Department:	Exit Interview	<input type="checkbox"/> Completed	Date:
	Account Cleared	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Date:
<i>QF Finance Department Representative: I verify that this student has cleared QF Finance Issues.</i>			
Name:	Signature:	Date:	

QF Student Financial Services:	Exit Interview	<input type="checkbox"/> Completed	Date:
	Account Cleared	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Date:
<i>QF Student Financial Services: I verify that this student has resolved all QF Student Financial Services matters/issues.</i>			
Name:	Signature:	Date:	

WCM-Q ITS Department:	Laptop returned	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Date:
<i>ITS Representative: I verify that this student has returned all equipment or has made the necessary payment arrangements for damaged or lost items.</i>			
Name:	Signature:	Date:	

WCM- Q DeLib:	Account Cleared	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Date:
<i>Distributed eLibrary Representative: I verify that this student has returned all resources belonging to DeLib or made repayments.</i>			
Name:	Signature:	Date:	



Weill Cornell Medicine-Qatar

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WCM- Q OCS	Account Cleared	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Date: _____
<i>OCS Representative I verify that this student has returned all resources belonging to OCS or made repayments.</i>			
Name: _____		Signature: _____	Date: _____

WCM-Q Finance Department:	Account Cleared	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Date: _____
<i>WCM-Q Finance Department Representative: I verify that this student has cleared WCM-Q Finance Issues.</i>			
Name: _____		Signature: _____	Date: _____

WCM-Q Student Affairs	Locker Cleared	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
	Pigeon Hole Cleared	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
	Uniform/Equipment Returned	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
	Student ID Returned	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
	Pending payments	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
	Vehicle Permit Returned	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<i>Student Affairs Representative: I verify that this student has cleared all obligations to Student Affairs.</i>			
Name: _____		Signature: _____	Date: _____

I will submit the below documents to Human Resources (Ms. Zeinab Labiadh or Mr. Hussein Hajja), 5 days before I leave Qatar. I understand that my residence permit will be cancelled, and it will no longer be the responsibility of Qatar Foundation nor Weill Cornell Medicine-Qatar to assist me in securing my entrance back into Qatar at any given time.

WCM-Q Immigration Services:	Original Passport	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Date: _____
	Original Qatari ID	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Date: _____
<i>Human Resources Representative: I verify that this student has cleared all obligations to Human Resources</i>			
Name: _____		Signature: _____	Date: _____

STUDENT SIGNATURE: _____ Date: _____

OFFICIAL USE ONLY

Official Date of Withdrawal: ____/____/____	Academic Hold <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____
Registrar's Signature	Date
EX (Initials/Date) _____	PeopleSoft (Initials/Date) _____
IT (Initials/Date) _____	