



## Radiation Therapy Program

### WITHDRAWAL OF DECLARATION OF PREGNANCY

I understand that by withdrawing the Declaration of Pregnancy that my occupational dose monitoring will revert back to that of a non-pregnant student. In addition, any modifications that have been made for my continuance in the program will no longer be in effect and I will no longer be eligible for any program modifications that are available to students who have declared their pregnancy.

I, \_\_\_\_\_, hereby withdraw my Declaration of Pregnancy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date