Request to Withdraw from the School of Law

Name: _____ ID Number: _____

Degree Program: _____

I am requesting a permanent withdrawal from the law school effective:

☐ Fall ☐Spring ☐Summer of 20 _____

Reason for withdrawal (check all that apply):

☐ Financial Challenges ☐Family Emergency

☐ Medical Issues ☐Transfer (specify school) _____

☐ Employment ☐Other(specify)_____

☐ Prefer not to Answer

I understand that my withdrawal is effective on the date this completed form is received. I will be dropped or withdrawn from all courses by the School of Law. It is my responsibility to contact the Office of Financial Aid and the Office of the Bursar to discuss any potential financial implications.

Student Signature: _____

Advisor Signature: _____

Law Registrar's Office: ☐Processed ☐Date