



Florida A&M University College of Law

Request for Leave of Absence

Date submitted:

Last Name:		First Name:	
Student ID Number:		Phone Number:	
City, State and Zip:		No. of Credits Completed:	
FAMU E-mail Address:			

Check the appropriate boxes:

- I am a student in the full-time day program
- I am a student in the part-time evening program
- I receive financial aid

Reason for Leave

- Military
- Personal
- Financial
- Other

EXPLANATION:

LEAVE DURATION

- One Semester Two Semesters Two Semesters plus a Summer

Beginning Date:

Ending Date:

Leave Return Requirement: *Indicate by letter, addressed to the College of Law Registrar, your intention to return.*

Student's Signature: _____ Date: _____

Section to be Completed by FAMU

- APPROVED:** Semester Effective: _____ Year: _____
- DENIED**

Associate Dean of Students:

Date:

Assistant Director Student Financial Aid:

Date:

COL Registrar:

Date: