



Florida A&M University College of Law

University Withdrawal Form

Date submitted:

Last Name:		First Name:	
FAMU E-Mail Address:		Phone Number:	
Mailing Address:		City, State & Zip:	
Student ID:		Effective Date of Withdrawal:	

Please check if you receive the following: Financial Aid Veteran's Benefits

Reason for withdrawal: Personal Employment Medical Military

Transfer: _____
(Name of School)

I understand that I am liable for ALL FEES incurred to date.

<i>Signature of Student:</i>	<i>Date:</i>
<i>Signature of Associate Dean of Students or Designee:</i>	<i>Date:</i>
<i>Signature of Director of Financial Aid:</i>	<i>Date:</i>
<i>Signature of COL Registrar:</i>	<i>Date:</i>