



FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

College of Law Registrar's Office | 201 Beggs Avenue | Orlando, Florida 32801

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Fax: (407) 254-3221

Phone: 407-254-3279/3287

COURSE WITHDRAWAL REQUEST FORM (current term)

This form is to be used **ONLY** if you are withdrawing from **SOME** of your classes for the current semester/term there is **no** refund of fees for withdrawn courses and a grade of "W" will appear on student's transcript. **Please be aware that you will remain financially liable for withdrawn course(s). Course withdrawal request must be accomplished prior to the published withdrawal deadline.**

NAME:	DATE:
iRattler STUDENT ID #: Please do not enter SSN#	PHONE NUMBER:
FAMU EMAIL ADDRESS:	DIVISION: ____ Full-Time or ____ Part-Time
No. of CREDITS COMPLETED:	CITY/STATE/ZIP:
MAILING ADDRESS:	Financial Aid Recipient: ____ Yes or ____ No VA Benefits Recipient: ____ Yes or ____ No

COURSE INFORMATION

Indicate Semester and Year: Fall ____ Spring ____ Summer ____

Course Title:	Section No.:
Course No.: LAW	Credit Hour:
Course Title:	Section No.:
Course No.: LAW	Credit Hour:
Course Title:	Section No.:
Course No.: LAW	Credit Hour:
Student Signature:	Date:

(By signing I understand that I am liable for ALL FEES incurred to date)

SECTION BELOW TO BE COMPLETED BY FAMU LAW SCHOOL REPRESENTATIVES

Signature for Associate Director of Financial Aid:	Date:
Signature for Associate Dean for Student Svc & Adm: Approved Denied	Date:
Signature for College of Law Registrar:	Date: