



FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

College of Law Registrar's Office | 201 FAMU Law Lane | Orlando, Florida 32801

**Email:** [law.registrar@fam.u.edu](mailto:law.registrar@fam.u.edu)

**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 There is **no** refund of fees for withdrawn courses and a grade of "W" will appear on student's transcript. **Please be aware that you will remain financially liable for withdrawn course(s).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.**

<b>NAME:</b>	<b>DATE:</b>
<b>iRattler STUDENT ID #:</b>	<b>PHONE NUMBER:</b>
<b>FAMU EMAIL ADDRESS:</b>	<b>DIVISION:</b> ____ Full-Time or ____ Part-Time
<b>No. of CREDITS COMPLETED:</b>	<b>CITY/STATE/ZIP:</b>
<b>MAILING ADDRESS:</b>	<b>Financial Aid Recipient:</b> ____ Yes or ____ No
	<b>VA Benefits Recipient:</b> ____ Yes or ____ No

**COURSE INFORMATION**

**Indicate Semester and Year:** Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_

<b>Course Title:</b>	<b>Section No.:</b>
<b>Course No.:</b> LAW	<b>Credit Hour:</b>
<b>Course Title:</b>	<b>Section No.:</b>
<b>Course No.:</b> LAW	<b>Credit Hour:</b>
<b>Course Title:</b>	<b>Section No.:</b>
<b>Course No.:</b> LAW	<b>Credit Hour:</b>
<b>Student Signature:</b>	<b>Date:</b>

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

**SECTION BELOW TO BE COMPLETED BY FAMU LAW SCHOOL REPRESENTATIVES**

<b>Signature for Associate Director of Financial Aid:</b>	<b>Date:</b>
<b>Signature for Associate Dean for Student Svc &amp; Adm:</b> <b>Approved</b> <b>Denied</b>	<b>Date:</b>
<b>Signature for College of Law Registrar:</b>	<b>Date:</b>