



FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

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

Office: (407) 254-3279

Fax: (407) 254-3221

Email: RegistrarCOL@famu.edu

Petition for Withdrawal or Leave of Absence

This form is to be used if you are (i) withdrawing from the University, (ii) withdrawing from ALL of your classes for the current semester/term, or (iii) requesting a Leave of Absence for a future semester/term. Withdrawal request are to be submitted by published deadline to receive "W" grade(s). After the deadline you must submit a retroactive withdrawal form. There is no refund of fees for withdrawn courses. Leave of Absence is considered for One semester, Two semesters or Two semesters & a Summer.

PERSONAL INFORMATION (complete all information)

NAME:	DATE:
iRattler STUDENT ID #: <i>Please do not enter SSN#</i>	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

TYPE OF REQUEST (please select the applicable request and proper documentation must accompany this form)

Leave of Absence for Future Term: Fall 20 _____ Spring 20 _____ Summer 20 _____

Term Withdrawal (*withdrawing from all courses this semester/term by the published deadline and will resume my studies during the next required semester/term of enrollment*). **Last Date of Attendance:** _____

University Withdrawal (*withdrawal from all courses by published deadline or transferring and will only resume studies at FAMU Law if re-apply and am readmitted.*)
Name of Transfer Law School: _____ **Last Date of Attendance:** _____

Petition for action Effective Semester and Year: Fall 20____ Spring 20____ Summer 20____
Select Reason for Withdrawal or Leave of Absence from drop down menu:

NOTE: Federal Regulations require this office to inform all appropriate University departments and Veteran Affairs of your intent to withdraw or take Leave of Absence from this institution. This action could affect your current and future federal financial aid award(s).

Student's Signature **Date**
(By signing I understand that I am liable for ALL FEES incurred to date)

SECTION BELOW TO BE COMPLETED BY FAMU REPRESENTATIVES

Signature for Associate Director of Financial Aid:	Date:
Signature for Associate Dean for Student Svc. & Adm: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:
Signature for College of Law Registrar:	Date:

Please submit completed form with all supporting documentation