



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

Office: (407) 254-3279/ 3287

Fax: (407) 254-3221

Email: law.registrar@famuedu

**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 requests are to be submitted by the 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 There is no refund of fees for withdrawn courses.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 #:	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 attach supporting documentation)**

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 and will only resume studies at FAMU Law if re-apply and readmitted.)      **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:  Personal  Employment  Medical  Military  Transfer\*  
\*Name of Transfer Law School: \_\_\_\_\_

**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)

**It is the student's responsibility to meet with the Director of Financial aid and the Dean of Students to obtain their signature before this form is submitted and can be processed by the College of Law Registrar's Office.**

**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: