

Registrar's Office
201 Beggs Avenue
Orlando, Florida 32801

Office: (407) 254-3279

Fax: (407) 254-3221

Email: RegistrarCOL@famu.edu

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if you are withdrawing from **SOME** of your classes for the current semester/term there is **no** refund of fees for withdrawn courses and a grade of "W" will appear on student's transcript. **Please be aware that you will remain financially liable for withdrawn course(s).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 Academic Affairs:	Date:
Signature for Associate Dean for Student Svc & Adm:	Date:
Signature for College of Law Registrar:	Date: