

FLORIDA **A&M** 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

STUDENT INFORMATION

Last Name: _____ First Name: _____ Student No. _____

Dates Unable to Attend Classes From: mm/dd/yyyy To: mm/dd/yyyy

Student's Signature: _____ Date: _____

SUBMIT ORIGINAL FORM: TO BE COMPLETED BY THE APPROPRIATE OFFICIAL ONLY

Licensed Physician, Therapist, Judge, Attorney or Clerk of Court

The student is authorizing the appropriate person to release the information requested to the Florida A&M University College of Law for the purpose of seeking a withdrawal from the University College of Law. This information will be used to determine if the student qualifies for a withdrawal. **All sections that apply must be completed by the appropriate official.** If not completed, the withdrawal process will be delayed. This office appreciates your cooperation.

In your own opinion, could the student attend class during the relevant period? Yes No

If "No", please specify the dates the student was unable to attend class(es) and **ATTACH AN OFFICIAL LETTER OF YOUR OFFICIAL STATIONARY** briefly describing the student's condition. Dates: _____ to _____

IMMEDIATE FAMILY MEMBER'S ILLNESS

Is the student providing sole around the clock care to his/her immediate family member? Yes No

What is the student's relationship to this family member? _____

What is the duration of extensive cared needed? From: mm/dd/yyyy To: mm/dd/yyyy

Official's Name: _____ Title: _____ Licensed State: _____

Address:

Email:

Phone:

AUTHORIZED SIGNATURE OF APPROPRIATE OFFICIAL

Signature of appropriate official
(Original Signature ONLY-Use of Stamp not accepted)

Printed Name

Date