

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 There is no refund of fees for withdrawn courses.

PERSONAL INFORMATION (complete all information)

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

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

- Leave of Absence for Future Term:** ____ One Semester ____ Two Semesters ____ Two Semesters & Summer
- 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

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

Date

SECTION BELOW TO BE COMPLETED BY FAMU REPRESENTATIVES

Signature of Associate Director for Student Financial Aid

(This signature MUST be obtained first before your request will be considered)

Date

Signature of Associate Dean for Student Services & Administration

Approved Denied

Date

Signature of College of Law Registrar

Date

Please submit completed form with all supporting documentation to the Associate Dean for Student Services & Administration
For determination of Further Action