



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

Office: (407) 254-3279/ 3287

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 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 There is no refund of fees for withdrawn courses.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
(By signing I understand that I am liable for ALL FEES incurred to date)

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: