College of Law Withdrawal Form

Student Instructions:
1. If you only wish to withdraw from a single course, you must see Dean Mary Garvey Algro or Asst. Dean Tori Luwisch-deLaureal.
2. If you wish to obtain a Medical Withdrawal, please see Dean Mary Garvey Algro to discuss this option.
3. Print form and complete Sections 1 and 3.
4. Return form to Dean Mary Garvey Algro or Assistant Dean Tori Luwisch-deLaureal for the appropriate signatures.
5. After the appropriate signatures have been received, the College of Law will submit this form to the Office of Student Records to be processed.

Section 1: Student Information
Name (Last, First, Middle): ____________________________________________ CWID: ____________________

College: □ LAW

Effective (eg, 2018 Fall): __________ (Year) __________ (Term) Date: __________________________

University Withdraw: □ *Leave of Absence: □ *Indicate Date of Return (1 Year MAX): _______ (Year) ______ (Term)

Reason for Withdraw/Leave: ___________________________________________
*Leave of Absences will not be granted to Undergraduates who have a GPA of less than 2.00 or a graduate student with less than 3.000, or those who transfer to another University, or to Transient students.

Section 3: Student Statement & Signature
I acknowledge that the above information is accurate and I understand that withdrawing from the University will reflect a graded “W” on my transcript for my enrolled courses. I understand that this may affect my degree progress, financial aid, scholarships, veteran’s benefits, and/or other areas. I have researched these issues and understand the possible implications of this action.

Signature: __________________________________________________________ Date: __________________________

Section 4: Required Signatures

☒ *Associate Dean of the College of Law: __________________________________________________________

☒ *Law Financial Aid and Scholarships: __________________________________________________________

Section 5: Approval

Office Use:
Comments:
________________________________________________________

Signature of Student Records Representative: __________________________ Date: ________________