

Michigan State University College of Law

COMPLETE WITHDRAWAL FORM

SEMESTER: _____

DATE: _____

PID#: _____

NAME: _____

MAILING ADDRESS AFTER WITHDRAWAL:

E-MAIL ADDRESS: _____

PHONE # (_____) _____

I am completely withdrawing from the College for the following reason(s):
(If transferring, please provide the name of your new law school.)

Was there anything that MSU College of Law could have done to prevent your withdrawal?

NOTE: A student who is completely withdrawing must consult with the Associate Dean for Student Affairs. Also, a student who completely withdraws from the College, and later wishes to return, must apply to be readmitted to the Faculty Academic Standards Committee.

The Registrar's Office requires at least 24-48 hours to process all requests.

**Please submit to the Registrar's Office in person, Room 309,
or by fax 517-432-6821.**

Student's Signature: _____

Registrar's Signature: _____

Issued SSC _____ Date _____ Staff Initials _____