



Leave of Absence or Complete Withdrawal Form

MSU College of Law ♦ Office of the Registrar ♦ 648 N. Shaw Lane, Rm. 309, East Lansing, MI 48824

Phone Number: 517-432-6820 ♦ Fax Number: 517-432-6821 ♦ Email: regist@law.msu.edu

Print First & Last Name (Surname): _____ PID: _____

Non-MSU Email Address: _____ Phone Number: _____

Student Level: J.D. LL.M./M.J.

Mailing Address during leave of absence or after complete withdrawal: _____

I am requesting a leave of absence for the following semester(s): _____

I am requesting a leave of absence for the following reason(s):

Family/Personal Circumstances Medical Financial

Other: _____

I am completely withdrawing from MSU College of Law effective: Fall 20____ Spring 20____ Summer 20____

I am completely withdrawing from MSU College of Law for the following reason(s):

Family/Personal Circumstances Medical Financial Pursue Different Career

Transferring to a different law school; please indicate school: _____

Other: _____

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

A student who is requesting a leave of absence or completely withdrawing must consult with the Assistant Dean for Student Engagement. 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.

Student Signature: _____ Date: _____

Assistant Dean for Student Engagement: _____ Date: _____

OFFICE USE ONLY:		1 st semester of attendance: _____	Last semester of attendance: FT	PT	SCH: _____	Cum GPA: _____
<input type="checkbox"/> LW-LEAV	<input type="checkbox"/> LM-LEV2	<input type="checkbox"/> App Closed	Issued SSC: _____	Date: _____	Staff Initials: _____	Updated 7/6/17