

## **Leave of Absence or Complete Withdrawal Form – J.D. Students**

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:
Mailing Address during leave of absence or after complete	
☐ 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 ☐ Medica	al 🗖 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	f Law for the following reason(s):
☐ Family/Personal Circumstances ☐ Medica	al
☐ Transferring to a different law school; please inc	dicate 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 complete Student Engagement. Also, a student who completely without apply to be readmitted to the Faculty Academic Standards (	draws from the College, and later wishes to return, must
Student Signature:	Date:
Assistant Dean for Student and Academic Affairs Signature:	Date:
<b>OFFICE USE ONLY:</b> 1st semester of attendance:	Last date of attendance:
Will grades be assigned? ☐ YES ☐ NO If grades are not assigned.	gned, should the student receive a refund? $\square$ YES $\square$ NO
☐ LW-LEAV ☐ LM-LEV2 ☐ App Closed Date:	RO Staff Initials: Updated 11/19/21