LLM/MJ Student 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: _____

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 and Academic 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.

Student Signature: _____ Date:_____

Assistant Dean for Student and Academic Affairs Signature: _____ Date:_____

OFFICE USE ONLY: 1st semester of attendance: _____ Last date of attendance: _____

Will grades be assigned? ❒ YES ❒ NO If grades are not assigned, should the student receive a refund? ❒ YES ❒ NO

❒ LOA processed in SIS Date:_____ RO Staff Initials: _____