

## LAW STUDENTS WITHDRAWAL REQUEST

Return the completed form to the Office of the Registrar, 800 Lakeshore Drive, Birmingham, AL 35229 205-726-2908 (fax) or print, scan and email to <a href="mailto:kdraybur@samford.edu">kdraybur@samford.edu</a> (Karen Rayburn)

A student may fully withdraw from the current semester no later than the official date published in the academic calendar by submitting this completed form to the Office of the Registrar.

For information regarding the student withdrawal and refund policy, contact the Office of the Registrar at (205) 726-2732

\*Contact Financial Aid (205-726-2905) for information if you currently have any type of financial assistance\*

Date		Phone #		SUid 9	
Full Nam	ne				
Address			City, State, Zip		
			draw from the following		
	Student **RI	<u>EQUIRED</u> to drop/wit	hdraw from the follow	ring semester/term:	
	Law Program:	Fall Spring	Summer		
	Joint Degree Studen	t: Yes No			
If YES, is Drop/Withdrawal Request for both programs:YesNo					
Do you i If yes, w Reason	ED: Last date you atternated to return to Sarchen: Fall JanTerm for withdrawing:	mford University?		Summer re of Student	
FOR OFFICE USE ONLY:					
Term/Se		Credit: 100% Credit: 100%		0%	
Refund	d: Total Charges:				
Ar	mount Refunded:				

Return a completed copy of this form to the Office of the Registrar.

Rev. 06/30/2016