

Michigan State University College of Law

COMPLETE WITHDRAWAL FORM

SEMESTER: _____

DATE: _____

NAME: _____

PID#: _____

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.

Student's Signature: _____

Associate Dean for Student Affairs Signature: _____

OFFICE USE ONLY

Semester of first attendance: _____

Status during last semester of attendance: PT FT

Issued SSC _____ Date _____ Staff Initials _____