

MICHIGAN STATE
UNIVERSITY
COLLEGE OF LAW

J.D. COMPLETE WITHDRAWAL FORM

Semester to be effective: _____

Date: _____

Name: _____

PID#: _____

Mailing address after withdrawal:

Non-MSU email 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 Asst. 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's Signature: _____

Asst. Dean for Student Engagement Signature: _____

Date: _____

OFFICE USE ONLY

Semester of first attendance: _____

Status during last semester of attendance: PT FT

Issued SSC _____ Date _____

Staff Initials _____