

APPLICATION FOR WITHDRAWAL OR APPROVED LEAVE OF ABSENCE FROM SCHOOL OF LAW

Note: This form is to be filed with the Associate Dean's Office and should be accompanied by a formal exit interview. A copy of this form is included in the permanent record held in the Registrar's office.

Name: _____ Date: _____
Please print

Permanent Address: _____

Email: _____ Full-time Part-time 1L 2L 3L 4L
LLM MS MSEL

Student ID: _____ Date of Birth: _____

Last Date of Attendance: _____ Check here if you received financial aid while enrolled.

I wish to apply for a leave of absence and withdraw from all courses.

I wish to completely withdraw from Western New England University School of Law.

Briefly state primary reason:

Upon withdrawing from the University, I am aware that all charges for tuition and fees are my responsibility and must be paid in accordance with the University policy. Failure to make payment may result in additional costs, including all costs of collection incurred by the University. For further information as to financial responsibility, please click on the following [link](#).

Student Signature

Do Not Write Below This Line

Complete Withdrawal Most recent semester enrolled _____

Leave of Absence To return _____ First Registration Date _____

Comments and recommendations of exit interviewer:

Approved by _____ Date _____ Effective Immediately End of Term

cc: Enrollment Services Career Services Student Public Safety

This student has withdrawn due to extenuating circumstances and should receive further review or modification of refund policy.

