

WITHDRAWAL FROM THE UNIVERSITY

Name: _____

GWID: _____ E-Mail: _____

Current Address: _____
(if Permanent Address is different from Current Address, please note it on the back)

Phone: _____ Year: 1L 2L 3L 4L LLM SJD
(Circle)

Status: Full-time Part-time Joint Degree JD - _____
(Circle)

On-Campus Residency: Aston Hall ___ Hall on VA Avenue (HOVA) ___ Other ___ No ___
(Check One)

Are you receiving any Financial Aid, scholarships, or loans? Yes ___ No ___
(If yes, please specify on back)

Effective date of withdrawal: _____

The withdrawal is requested because:

- Transferring to another law school: _____
- Other: _____

I understand that:

- I must drop all future, registered classes with the Records Office.
- I must contact Financial Aid and my lenders to inform them of my withdrawal.
- I am barred from attending further classes at GW Law unless re-admitted. If I have not completed a semester, I must re-apply to the Admissions Office. If I have completed a semester or more of course-work, I must re-apply to the Academic Scholarship Committee via the Senior Associate Dean of Academic Affairs, its chair. There is no guarantee of re-admission.

Signature of Student: _____ Date: _____

Student Affairs Action: Approved Denied Date: _____

Signature of Student Affairs Dean: _____

Permanent Address:

Please list all financial aid, scholarships, and loans you are receiving:
