



DEAN OF STUDENTS OFFICE

WITHDRAWAL FROM THE UNIVERSITY

Date: _____ GWID: _____

Name: _____
First M.I. Last

GW Law E-mail: _____ Other E-mail: _____

Current Address: _____

(If Permanent Address is different from Current Address, please specify on back)

Phone: _____ Year: 1L 2L 3L 4L LLM SJD

Status: Full-time Part-time Joint Degree JD - _____

Inn: _____

On-Campus Residency: Aston Hall Other N/A

Do you receive any Financial Aid, scholarships, or loans? Yes No
(If yes, please specify on back)

I seek to withdraw from: Law School
All coursework for the _____ 20 ____ Semester
Other _____

Reason for withdrawal:

Academic (name of transfer school) _____

Administrative

Medical

Other: _____

I understand that:

- It is my obligation to have read the Withdrawal and Refund Section of the Law School Bulletin.
- I must drop all future, registered classes with the Records Office.
- Per University Regulations and the *GW Law Bulletin*, a withdrawal will impact a student's financial aid, including automatic forfeiture of merit scholarships. (See *GW Law Bulletin*, **Withdrawals and Refunds** section). Recipients of federal student loans may be subject to a *pro rata* calculation of the loan funds which The George Washington University must return to the U.S. Department of Education. Based on the date of the student's withdrawal under the University academic calendar, the student may owe the University a resulting balance. (See *Law Bulletin*, **Withdrawals and Refunds** section). Please contact the Law School Financial Aid Office to discuss the impact of a withdrawal on your financial aid funds.
- 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 coursework, I must re-apply to the Academic Scholarship Committee. There is no guarantee of re-admission.
- I must contact the Career Center to inform them of my intent to withdraw from GW Law and to request my CORE Account be deactivated.

Signature of Student: _____ Date: _____

Dean of Students Action: Approved Denied Date: _____

Signature of Dean of Students: _____

cc: Financial Aid Records Office Career Center

Permanent Address:

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