

Withdrawal/ Exit Form

An approved withdrawal without academic prejudice must be obtained from the Registrar in advance of the leave. Requests for such a leave must be submitted in writing with justification for the request. Students who absent themselves from their law studies for a period in excess of two years will be required to reapply for admission with no credit granted for their prior law school study.

If attempting to withdraw after the last day to drop classes without receiving a failing grade, you must provide a written explanation in the space provided on the back of this form.

STUDENT INFORMATION			
Student Name	Student ID Number		
	G		
Phone Number	Term		Last Date Attended Class
Street Address			Apt/Suite No.
City	State	Zip Code	
<p>I request a Withdrawal Without Academic Prejudice Returning Semester: _____</p> <p>I will not be returning to South Texas College of Law Houston</p> <p>Reason for Withdrawal/ Exit:</p> <p>Transfer to: _____</p> <p>Transient to: _____</p> <p>Medical _____</p> <p>Personal _____</p> <p>Other _____</p> <p>Student Signature: _____ Date: _____</p> <p>Under the Department of Education Title IV regulations, the Law School may be required to return a certain amount of your federal loan funds to the Department of Education. If you owe the Law School money as a result of our return of those funds, Accounting Services will bill you for the amount you owe the Law School.</p>			
<p>Are you receiving Financial Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, you must schedule an exit interview with Financial Aid. Fin. Aid Office _____ (Initials)</p> <p>Are you receiving VA Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, you must submit a VA Benefit Certification Change Request form.</p>			

Please submit completed form to:

South Texas College of Law Houston, 1303 San Jacinto Street, Houston, TX 77002 Attn: Registrar's Office
 Fax:(713) 646-2939 Email: registrar@stcl.edu

Withdrawal/Exit Form - continued

FOR OFFICE USE ONLY

Processed by: _____ Date Processed: _____ Enrollment changed from ___ hours to ___ hours.

SFAWDRL: 02 WWAP-Will Return 03 WWAP-Will Not Return 04 WWAP Transfer

05 WWAP Transient 06 Unofficial WD, Period Midpoint 07 Unofficial WD, Discretionary

Approved Not Approved Registrar Signature: _____

cc: Financial Aid
 Accounting Services

Please Provide Written Explanation in the space provided: