

The John Marshall Law School
Withdrawal and Leave of Absence Form

This form is to be used to notify the School that you wish to withdraw from the Law School. **If a student borrowed federal loans during their career at The John Marshall Law School and withdraws, even for just one semester, students are required to complete a Loan Exit Interview (in order to fulfill federal regulations) through the Financial Aid Office before this form can be processed.**

Name: _____ ID No: _____

Request for: _____ Complete Withdrawal

_____ Leave of absence for _____ (term) returning _____ (term)

Reason: ___ Medical* ___ Military* ___ Other ___ Transferring to _____ (School's Name)

Date Last Class Attended**: _____

Effective Term: ___ Fall ___ Spring ___ Summer Year: _____

I elect to withdraw from The John Marshall Law School with the understanding of the following:

- I am withdrawing from all my credit courses.
- My course registration for all future semesters will be cancelled. I will need to re-enroll to return.
- The grade "W" will appear in the grade column on my transcript for all courses still in session on the effective date of withdrawal.
- I understand that withdrawing might have a financial impact on my financial aid and health insurance benefits.
- (When applicable) I understand that if I withdraw after the first 31 days of the semester, I will be responsible for the annual premium (student health insurance) and I will maintain enrollment in the annual policy.
- I understand that my withdrawal is effective on the date this completed form is approved by The John Marshall Law School and that my refund, if any, will first be returned to the appropriate lending agencies, in accordance with current federal regulations. Any residual funds will be returned to me at a later date.
- Please contact the Financial Aid Office once you return to school and re-enroll.

Student Signature: _____ Date: _____

Instructions:

1. You may not withdraw from the current term after the last day of classes for that term.
2. *A statement from your doctor or copy of your military order must accompany the leave of absence form.
3. **Enter today's date as date last class attended, unless you can provide evidence that the date should be earlier.

FOR OFFICE USE ONLY

Date of Official Notification (for Federal Refund Purposes): _____

Records Office: _____ Date: _____

Financial Aid: ___ no federal loans ___ Loan Exit Interview complete

Date: _____

Business Office: _____ Date: _____