



**CAPITAL UNIVERSITY LAW SCHOOL
STUDENT REQUEST FOR DEAN'S ACTION**

****Student must return this form within 30 days of their last date of attendance to the Office of Records & Registration****

Date: _____ Student ID #: _____

Name: _____

Street Address: _____

City, ST, Zip: _____

Email Address: _____

Phone Number: Cell () _____

Current Division: Day Part-Time Day Evening Year: 1st 2nd 3rd 4th

Course Withdrawal: <input type="checkbox"/>	Last Date Attended: _____
Full Program Withdrawal: <input type="checkbox"/>	Last Date Attended: _____
Leave of Absence: <input type="checkbox"/>	Last Date Attended: _____

DESCRIBE REASON FOR THIS REQUEST/COURSES YOU WISH TO WITHDRAW FROM:
(If additional space is needed, use reverse side of this sheet.)

Student Signature: _____

FOR OFFICE USE ONLY	ACTION TAKEN/NOTES:
Associate Dean's Signature: _____	Date: _____
Official Last Date of Attendance as verified by the Dean: _____	
Date of Determination: _____	Refund Amount: _____%
Student notified via: <input type="checkbox"/> Email <input type="checkbox"/> Mailbox <input type="checkbox"/> Phone <input type="checkbox"/> In Person <input type="checkbox"/> Memo/Letter	
On _____ (Date)	
By: _____ (ORR Employee Name)	

DISCLAIMER FROM FINANCIAL AID

Financial Aid: The approved tuition refund DOES NOT INCLUDE FINANCIAL AID. A student who withdraws after beginning attendance may be required to return all or a portion of the federal aid accepted.

Veterans: The Financial Aid Office will report changes to credit hours and tuition to the VA. You will be responsible for returning any funds received for dropped courses.