



CAPITAL UNIVERSITY LAW SCHOOL
PARALEGAL PROGRAMS
STUDENT REQUEST FOR DIRECTOR'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 Numbers: Day () _____ Eve () _____

Current Program: PL LNC LCP Current Year (1st, 2nd ...): _____

What is the last date you attended any classes? _____

THE FOLLOWING DIRECTOR'S ACTION IS REQUESTED:

DESCRIBE THE REASON FOR THIS REQUEST.

(If additional space is needed, use reverse side of this sheet.)

Student Signature: _____

FOR OFFICE USE ONLY ACTION TAKEN/NOTES:
Director of PL Program's Signature: _____ Date: _____
The Official Last Date of Attendance as verified by the Director: _____
Date of Determination: _____ Refund Amount: _____%
Student notified via: [] Email [] Mailbox [] Phone [] In Person [] Memo/Letter
On _____ (Date)
By: _____ (ORR Employee Name)

* Date of determination is the date listed on this form by the student (top left) OR the date the student first notified the Director or an employee in Office of Records and Registration of the issue.