

UNIVERSITY OF SAN DIEGO SCHOOL OF LAW

LEAVE OF ABSENCE OR WITHDRAWAL FORM

Section I: Student Information

NAME _____ ID No. _____
(Last, First, MI)

DEGREE PROGRAM: JD _____ LL.M (Gen) _____ LL.M./Dip (Tax) _____ LL.M (Int'l) _____
LL.M. (Comp) _____ LL.M (Bus.) _____ MSLS _____

Address: _____ Revised Grad. Date: _____, 20__
City, State, Zip: _____
Telephone: _____
Email (other than USD): _____

Please complete Statement 1 or Statement 2:

1. I am requesting a leave of absence effective: Fall Spring Summer of 20__
I will return: Fall Spring Summer of 20__

OR:

2. I am requesting a permanent withdrawal from Fall Spring Summer of 20__
the law school effective:

Reason for request: _____

I understand that my leave/withdrawal is effective on the date this completed form is approved by the law school and that my refund, if any, will first be returned to appropriate financial aid program funds in accordance with current federal regulations. Any residual funds will be returned to me at a later date. Refund schedules are listed in the law school calendar.

Signature: _____ Date: _____

Office Use Only

Section II: Approvals

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

Assistant Dean or Director: _____ Date: _____

Financial Aid: _____ Date: _____

OISS: _____ Date: _____

(International students only)

Administrative Withdrawal

LoA/WD Start Date: _____ LoA End Date: _____

Records Office: _____ Date: _____

Financial Aid Office: _____ Date: _____