

## STUDENT WITHDRAWAL FORM

BARRY ID#: \_\_\_\_\_  
LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
BARRY EMAIL: \_\_\_\_\_ PERSONAL EMAIL: \_\_\_\_\_  
CELL PHONE #: \_\_\_\_\_ FORWARDING ADDRESS: \_\_\_\_\_  
DIVISION:      Full-time      Part-time      CURRENT STATUS:      1L      2L      3L      4L  
TERM:      Fall      Spring      Summer      YEAR: \_\_\_\_\_

**Transfer:** State school you are transferring to: \_\_\_\_\_  
Have you met with Associate Dean for Student Affairs? (Required)      Yes (date \_\_\_\_\_)      No  
How will you fulfill your MacBook agreement with Barry Law:      Return to IT within 10 days      Retain and pay value

**Permanent Withdrawal:** State circumstances and include supporting documentation: \_\_\_\_\_  
How will you fulfill your MacBook agreement with Barry Law:      Return to IT within 10 days      Retain and pay value

**Leave of Absence:** State circumstances and attach all supporting documentation: \_\_\_\_\_  
Length of leave:      1 Term      2 Terms      Provide Date of Return: \_\_\_\_\_

### Student Acknowledgement:

*I certify that the information given in my withdrawal is complete and accurate. I am aware that withdrawing from Barry University School of Law may affect my financial status at the Law School and I take full responsibility for any additional financial obligations that may result because of my withdrawal.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICIAL USE ONLY

#### Registrar Office:

Current Term: \_\_\_\_\_ Last Date of Attendance: \_\_\_\_\_ Enrolled Credits: \_\_\_\_\_ Completed Credits: \_\_\_\_\_  
Electronic Device Returned: \_\_\_\_\_ Letter of Good Standing Sent: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Financial Aid Office:

- Has student received financial aid? Yes \_\_\_\_\_ No \_\_\_\_\_
- If student received financial aid, has the student completed the exit interview? Yes \_\_\_\_\_ No \_\_\_\_\_ (date exit interview mailed \_\_\_\_\_)
- Has student been counseled on "Standard of Progress" policies? Yes \_\_\_\_\_ No \_\_\_\_\_
- Is student a Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Student Balance: \_\_\_\_\_

#### Administration:

\_\_\_\_\_ APPROVE      \_\_\_\_\_ DISAPPROVE      \_\_\_\_\_ TRANSFER      \_\_\_\_\_ WITHDRWAL      \_\_\_\_\_ LOA

Senior Associate Dean for Academic Affairs: \_\_\_\_\_ Date: \_\_\_\_\_

OR

Associate Dean for Student Affairs: \_\_\_\_\_ Date: \_\_\_\_\_