

**SUFFOLK UNIVERSITY LAW SCHOOL  
WITHDRAWAL/LEAVE OF ABSENCE REQUEST**

\_\_\_\_\_ (required)  
**Student ID Number**

**NAME** \_\_\_\_\_  
Last First Middle

**PERMANENT** \_\_\_\_\_  
Street City State Zip

**MAILING ADDRESS** \_\_\_\_\_  
Street City State Zip

**EMAIL ADDRESS** \_\_\_\_\_

Day  Evening **Class:**  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  Other

**DATE OF LAST CLASS ATTENDED** \_\_\_\_\_ **DATE OF WITHDRAWAL/LEAVE OF ABSENCE** \_\_\_\_\_

**Have you received any financial assistance from Suffolk University?** \_\_\_\_\_

**If yes, please list types and amounts:** \_\_\_\_\_

<b>Reason for Withdrawal/Leave of Absence</b>	<b>Student Tuition Information</b>	
	<b>Tuition Liability:</b>	<b>Student is liable for:</b>
	One week of opening term:	20%
	Two weeks:	40%
	Three weeks:	60%
	Four weeks:	80%
Over Four Weeks	100%	

**Signature of Student:** \_\_\_\_\_ **Date** \_\_\_\_\_

**(Student Identification Card MUST be surrendered at the time of withdrawal/leave)**

<b>LEAVE OF ABSENCE</b> <input type="checkbox"/> <b>ACADEMIC YEAR</b> _____ <b>FALL</b> <input type="checkbox"/> <b>SPRING</b> <input type="checkbox"/> <b>FALL &amp; SPRING</b> <input type="checkbox"/>	<b>WITHDRAWAL</b> <input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/>
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**Dean/Associate Dean** \_\_\_\_\_ **Date** \_\_\_\_\_

**Official Comments:** \_\_\_\_\_

Blue--Dean, Pink—Registrar, Yellow—Student Accounts, Green—Financial Aid, White--Student