

Birmingham School of Law Voluntary Withdrawal Request Form

Student Name:	Student #: STU
Withdrawal Effective Date:/ 20_	
Reason for Withdrawal Request:	
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By signing below, I affirm the following:

- By submitting this form to the Registrar, I will be withdrawn from all classes for which I am enrolled effective on the date my withdrawal request is approved;
- I understand that I am responsible for tuition and fees assessed according to the refund schedule in effect on the date my withdrawal request is approved;
- I understand that voluntary withdrawal from Birmingham School of Law does not guarantee readmittance at a later date;
- I understand that I will not receive a grade for any classes started but not finished before my withdrawal and must retake any required courses if I am readmitted in the future.

Student Signature:	STU
Date:// 20	
For Official Use Only:	
Date Received:/ 20	
Approved By:	
Date Approved: / / 20	