



OFFICIAL WITHDRAWAL FROM SCHOOL - APPLICATION
(Please Press Firmly and Write Legibly)

A student who is withdrawing from the school and does not expect to return at some future date should fill out this form to request an **official withdrawal** and submit it to the Dean of Students, along with your i.d. card. (A student who plans to return should fill out the **“Leave of Absence Application”**). Please note that a student’s Cardozo electronic accounts will be disabled 24 hours after his/her official withdrawal and the locker will be reassigned.

In addition, students in F or J Visa status must check with the International Student Advisor before dropping below full-time status.

Name _____ Student I.D.# _____
Last First M.I.

Home Phone # : () _____ Cell Phone # : () _____

Current Mailing Address _____
Number & Street City State Zip Code

Class year: ___1L ___2L ___3L ___LL.M. (If you are between class years, please mark the class year that would apply in your next semester if you were to return to school and not withdraw.)

I am leaving the School as of _____ 20____, and request an **Official Withdrawal**. I understand that in order to return to the School in the future, I must reapply.
month year

I hereby request permission to withdraw for the following reason:

___ Health ___ Personal ___ Financial ___ Military

___ Transfer out (please specify which school and reason for transfer) _____
Is the school that you will be attending accepting credits earned at Cardozo? ___Yes ___No

___ Career (please specify): _____ Other (please specify): _____

Student Signature: _____ Date: _____

-----**FOR OFFICE USE ONLY**-----

Signature of Dean of Students: _____ Date: _____

Comments: _____
