



Elisabeth Haub School of Law

## REQUEST TO DEFER PROFESSIONAL RESPONSIBILTY

Name \_\_\_\_\_

U# \_\_\_\_\_

Current Semester/Year: \_\_\_\_\_ Full-time Day  Part-time  Credits Completed: \_\_\_\_\_

Your Cumulative GPA: \_\_\_\_\_

Reason for Request \_\_\_\_\_

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If this deferment is granted, I agree to register for and take Professional Responsibility the next semester it is offered. I understand this a is required course and must be taken in order to graduate.

I, \_\_\_\_\_ (print name), have read the above statements and agree to comply.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Dean's Signature

\_\_\_\_\_  
Date