PACE UNIVERSITY
Elisabeth Haub School of Law

You must speak with the Dean for Student and Campus Affairs or Director of Student and Campus Affairs (914.422.4146) prior to approval of this request. Submit this form to the Registrar's Office in person or by fax (914 422-4248)

REQUEST FOR ❑ WITHDRAWAL ❑ LEAVE OF ABSENCE

Date_____ Semester_____ Year_____ U # _____

Name_____

Address_____

_____

Telephone (_____)_____-_____ E-Mail_____

Date entered Pace Law School_____ ❑ Full Time ❑ Part Time

Reason for withdrawal/leave (if medical must provide documentation):

_____

_____

Do you have Merit Scholarship aid being credited toward your tuition? _____How Much? _____

I request a leave of absence until_____(Month/Year) Do you hold a student visa? _____

_____
Student Signature

DO NOT WRITE BELOW THIS LINE

Leave of Absence: ❑ Granted ❑ Denied Date Expires_____

Comments:_____

_____

NOTICE! You are expected to register for the _____ term. Please notify the Registrar six weeks before you return. Should you wish to extend your leave of absence, you must submit a petition for an extension of the leave prior to the end of the period of leave already granted. A student who has withdrawn from school in good standing and rejoins the Law School is subject to the rules and regulations in force when he/she re-enters.

_____
Signature of Dean for Student and Campus Affairs Date

Date Returned_____

Position Forfeited_____

Extension of Leave Granted Until_____