

CAPITAL UNIVERSITY LAW SCHOOL
STUDENT REQUEST FOR DEAN'S ACTION

Student must return this form within 30 days of their last date of attendance to the Office of Records & Registration

Date: _____ Student ID #: _____

Name: _____

Street Address: _____

City, ST, Zip: _____

Email Address: _____

Phone Numbers: Day () _____ Eve () _____

Current Division: [] Day [] Evening Current Year (1st, 2nd...): _____

Are you receiving Military or VA benefits? [] Yes [] No

Course Withdrawal: [] Course number: _____ Last Date Attended: _____

Full Program Withdrawal: [] Program: _____ Last Date Attended: _____

THE FOLLOWING DEAN'S ACTION IS REQUESTED:

(If additional space is needed, use reverse side of this sheet.)

Student Signature: _____

FOR OFFICE USE ONLY

ACTION TAKEN/NOTES:

Associate Dean's Signature: _____ Date: _____

The Official Last Date of Attendance as verified by the Associate Dean: _____

Date of Determination: _____ Refund Amount: _____ %

Student notified via: [] Email [] Mailbox [] Phone [] In Person [] Memo/Letter
On _____ (Date)

By: _____ (ORR Employee Name)

Instructors to be notified: _____

DISCLAIMER FROM FINANCIAL AID

Financial Aid: The approved tuition refund DOES NOT INCLUDE FINANCIAL AID. A student who withdraws after beginning attendance may be required to return all or a portion of the federal aid accepted.

Veterans: The Financial Aid Office will report changes to credit hours and tuition to the VA. You will be responsible for returning any funds received for dropped courses.