## VERMONT LAW SCHOOL

## REQUEST FOR WITHDRAWAL

NAME			CLASS	
Please Pr	int			
ADDRESS FOR M	IEXT SIX MONTHS			
	Street .	PO Box		
	City		State	Zip
I hereby reques	t to withdraw from the following	program(s):		
JD	MELPl	L.M.		
Are you a joint-o	legree student?Yes	No		
Date of this requ	uest			
	ate you attended classes? If no	, on what date	e were you last i	n
MELP or LL.M. d	Office does not have the authori egree candidates. All requests r irs and Diversity.			
Student's Signat	ure			
Registrar's Signa	ature			
Ass't Dean's Sig	nature			
	(signifies appr	oval)		

<sup>&</sup>lt;sup>1</sup> Not applicable if enrollment continues in a different program.