

ELON UNIVERSITY  
SCHOOL OF LAW  
OFFICE OF THE REGISTRAR  
CHANGE OF REGISTRATION FORM  
(COURSE WITHDRAWAL)

NAME

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LAST

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FIRST

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MIDDLE

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UNIVERSITY ID

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DATE

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***COURSE(S) WITHDRAWN FROM:***

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DEPT.

NO.

SEC.

HRS.

INSTRUCTOR'S SIGNATURE

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HOURS BEFORE CHANGE: \_\_\_\_\_

HOURS AFTER CHANGE: \_\_\_\_\_

**REQUESTED LAW SCHOOL SIGNATURES**

REGISTRAR \_\_\_\_\_

DEAN/ASSOC. DEAN \_\_\_\_\_

This form must be returned to the Registrar's Office by 4:00 p.m.