American Institute of Law

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WITHDRAWAL PETITION

| Name: | | | Student I.D.# |
|---|--|---|--|
| Street | | | Phone: () |
| City | _State | _Zip Code | Email |
| Date of Petition | | | <u> </u> |
| Please state the reason for your reques | st: | | |
| □Academic □FYLSX Preparation | □Medical | □Family □Fin | ancial Other (explain) |
| | | | |
| receive 1 year credit. Withdrawing If I choose to withdraw, in order to be of American Institute of Law. If I have any outstanding tuition due responsible for all charges to the position. I am aware that upon successful consecutive opportunities (administration) | derstand the 4-26 weeks of from Americ pe re-instated e, this petition point that I info completion of trations) to p | following: of consecutive study to the standard from the study of the | admissions and that my re-acceptance is at the sole discretion my obligation to pay all tuition due. I understand that I will be |
| STUDENT SIGNATURE: DATE | | | |
| | | | 3. All sections must be completed and emailed and/or faxed to the lease allow 30 days for processing if any tuition refunds are due. |
| FOR ADMINISTRATIVE USE ONL | Y: | | |
| Date Petition Received: | | | Date Petition Granted: |
| Date Petition Reviewed: | | | Official Signature: |