



MD Kirk School of Law

3435 Wilshire Blvd., Suite 3040, Los Angeles, CA 90010

Phone : (213) 368-5475 Fax : (213) 386-7280

Request to Withdraw Enrollment from MD Kirk School of Law

Student Name: _____

Student ID Number: _____

Phone Number: _____

Resident Number: _____ - _____

Address: _____

U.S. SSN: _____ - _____ - _____



I hereby request to withdraw my enrollment from MD Kirk School of Law effective as of (*month*) _____ (*day*) _____, 20____ due to personal reasons or:

(*Optional) Due to other Reason(s) or comments: _____

Student signature _____

Date _____

Administrator signature _____

Date _____