

**University of Massachusetts School of Law - Dartmouth
Student Request for Emergency Withdrawal
from Clinic/Field Placement Form**

Instructions:

- Complete and submit this form to Assistant Dean John Quinn with a copy to Crystal Desirey, Clinical Programs Coordinator.
- Type or print legibly.
- Be specific and concise in stating your request.
- Explain the reasons for your request fully.
- If necessary, attach additional sheets.
- Provide complete documentation in support of your request.

First Name: _____ Last Name: _____ Student ID: _____
Telephone: _____ Anticipated Date of Graduation: ____
E-Mail _____@umassd.edu Day _____ Evening ____

REQUEST:

REASON FOR REQUEST:

DATE: _____ STUDENT SIGNATURE: _____

Clinic Director/Instructor of Field Placement

Approved: _____ Denied: _____ Date: ____ - ____ Signature _____

Comments: _____

Director of Clinical Programs and Experiential Learning

Approved: _____ Denied: _____ Date: ____ - ____ Signature _____