



Elisabeth Haub School of Law

REQUEST TO DEFER PROFESSIONAL RESPONSIBILITY

Name _____

U# _____

Current Semester/Year: _____ Full-time Day Part-time Credits Completed: _____

Your Cumulative GPA: _____

Reason for Request _____

If this deferment is granted, I agree to register for and take Professional Responsibility the next semester it is offered. I understand this is a required course and must be taken in order to graduate.

I, _____ (print name), have read the above statements and agree to comply.

Student's Signature

Date

Academic Dean's Signature

Date