

Ohio Wesleyan University Application for Departure

This form is to be used in the event a student decides either to take a leave of absence from OWU or to terminate his or her enrollment at the University. Students completing this form during the academic semester will have 48 hours to vacate the residence halls. Please note all options require the student to apply and receive approval for readmission. * No student on a leave of absence or withdrawn from the institution will be permitted to register for classes without an approved application to return.

Last Name _____ First _____ M.I. _____ I.D. Number _____ Date _____
 Gender: M F T Year at OWU: FR SOPH JR SR

Departure Type (Please select one.)

<input type="checkbox"/> Terminate Enrollment (Withdraw)* Last Date of Attendance ____/____/____ <input type="checkbox"/> Student does not plan to return to OWU in the future, but has no confirmed plans to transfer <input type="checkbox"/> Student is withdrawing but does hope to return to OWU in the future.	<input type="checkbox"/> Leave of Absence* Last Date of Attendance ____/____/____ Student plans to return to OWU within one academic year. A date of return is required: Return Term: ____/____ <div style="text-align: center;">Term/Year</div>	<input type="checkbox"/> Transfer Institution*: Last Date of Attendance ____/____/____ Student will be attending another institution and does not plan to return to OWU. Transfer Institution: _____
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Reason for Departure

(Check all that apply and provide comprehensive explanation.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Academic Program | <input type="checkbox"/> Financial/Cost | <input type="checkbox"/> Military |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Housing Requirement/Halls | <input type="checkbox"/> Mission Trip |
| <input type="checkbox"/> Campus Life | <input type="checkbox"/> Medical Leave | <input type="checkbox"/> Personal Crisis |
| <input type="checkbox"/> Family Concerns | <input type="checkbox"/> Other: _____ | |

Explanation: _____

* No student on a leave of absence or withdrawn from the institution will be permitted to register for classes without an approved application to return.

How may we reach you after you leave Ohio Wesleyan?

Address: _____

E-Mail Address: _____ Phone Number: () _____

By signing below, you attest that the information you provided in this document is accurate and true. You are aware that you will have 48 hours to vacate your residence hall upon completion of this form unless you have elected to complete the current term. You will not be removed from your courses and will continue to be academically and financially responsible for your said courses until this form is completed and approved by the university registrar.

Student Signature

Date

The following signatures must be obtained as evidence of good academic and financial standing. You will not be withdrawn from your class(es) and your tuition costs will continue to accumulate until you have obtained all signatures and returned this form to the Registrar's Office. E-mails will be accepted in place of signatures.

1) **Dean of Student Services, Brad Pulcini** / 740-368-3135 / Hamilton-Williams Campus Center 209

Date: _____

Student withdraw survey (located here: <https://goo.gl/forms/fZUnIJN5KYhALGfC2>) completed? Y N

2) **Academic Advisor:** _____ Date: _____

3) **Student Accounts Director** | 740-368-3362 | University Hall 12:

_____ Date: _____

4) **Financial Aid Office** | 740-368-3050 | Mowry Alumni Center:

_____ Date: _____

Once all signatures have been secured, return this document to the Registrar's Office, located in University Hall room 007, for final signature:

5) **Registrar's Office:** _____ Date: _____
