

OHIO WESLEYAN UNIVERSITY
Application for Return to Ohio Wesleyan

The completed document and all attachments are due to the Registrar's Office at least 45 days prior to the start of the term in which you would like to return.

Student Name: _____ Date: _____
 Student ID: _____
 Address: _____ Phone: _____ E-mail: _____
 City: _____ State: _____ Zip: _____
 Please list and explain any circumstances that may have contributed to your departure from OWU.

Do you think the issues that contributed to your departure have been sufficiently resolved for you to be successful in the semester in which you would like to return? Yes ___ No ___

Please explain - how these issues have been resolved and attach any documentation to support your statements. Include any medical (mental or physical health) treatment received during this time if applicable. Additionally, letters from these medical professionals indicating your level of preparedness to return to the collegiate environment (and any ongoing treatment they recommend) are required. Any medical documentation is not retained by the registrar's office.

Please provide a brief description for each document you plan to send to the Registrar's Office and indicate how it will be arriving (fax 740-368-3210 or e-mail registrar@owu.edu) by listing them below:

No.	Description

Note: More than four documents may be submitted.

College or University attended since leaving Ohio Wesleyan (please submit an official transcript to the OWU Registrar):

College	Location	Dates of Attendance

Work experience since leaving Ohio Wesleyan (please provide a reference letter from your supervisor):

Company	Location	Supervisor	Dates of Employment

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If permitted to return, what steps do you plan to take to prevent these issues from interfering with your continued studies? Please provide a detailed plan for success to include ongoing medical treatment if appropriate.

Dates of previous attendance at Ohio Wesleyan _____

Indicate the semester and year in which you wish to return to campus:

Fall_____ Spring_____ Summer_____

In which department do you wish to major? _____

Please indicate your preferred academic advisor _____

By signing this form, you agree that the information provided is authentic and accurate. Additionally, by signing this form you understand that if you are under the age of 23 that you must live in University owned housing. It is **your** responsibility to contact Residential Life at 740-368-3175 and the Financial Aid Office at 800-922-8953 or 740-368-3050 to inform them of your intent to return to Ohio Wesleyan.

Student Signature

Date

For Office Use Only

Conduct Clearance _____	Dean of Students	Date _____
Financial Clearance _____	Accounting	Date _____
Academic Clearance _____	Dean of Academic Affairs	Date _____
Academic Clearance _____	Registrar	Date _____
Date of Application Review:		
Outcome of Application Review:		
_____ Return to Active Student Status		
_____ Return to Active Student Status with the following conditions:		
_____ Denial of Application		