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 * No student on a leave of absence or withdrawn from the institution will be permitted to register for classes without an approved application to return.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>M.I.</th>
<th>I.D. Number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender: M F T</td>
<td>Year at OWU: FR SOPH JR SR</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Departure Type**
(Please select one.)

- [ ] Terminate Enrollment (Withdraw)*
- [ ] Leave of Absence*
- [ ] Transfer Institution*

<table>
<thead>
<tr>
<th>Last Date of Attendance <em><strong>/</strong></em>/___</th>
<th>Last Date of Attendance <em><strong>/</strong></em>/___</th>
<th>Last Date of Attendance <em><strong>/</strong></em>/___</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Student does not plan to return to OWU in the future, but has no confirmed plans to transfer</td>
<td>Student plans to return to OWU within one academic year. A date of return is required:</td>
<td>Student will be attending another institution and does not plan to return to OWU.</td>
</tr>
<tr>
<td>[ ] Student is withdrawing but does hope to return to OWU in the future.</td>
<td>Return Term: <em><strong>/</strong></em> Term/Year</td>
<td>Transfer Institution:</td>
</tr>
</tbody>
</table>

**Reason for Departure**
(Check all that apply and provide comprehensive explanation.)

- [ ] Academic Program
- [ ] Athletics
- [ ] Campus Life
- [ ] Family Concerns
- [ ] Financial/Cost
- [ ] Housing Requirement/Halls
- [ ] Medical Leave
- [ ] 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* No student on a leave of absence or withdrawn from the institution will be permitted to register for classes without an approved application to return.

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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/fZUnJN5KYhALGfc2) 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: __________

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