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 * No student on a leave of absence or withdrawn from the institution will be permitted to register for classes without an approved application to return.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

☐ Terminate Enrollment
(Withdraw)*

☐ Leave of Absence*

☐ Transfer Institution*:

Last Date of Attendance ___/___/____
☐ Student does not plan to return to OWU in the future, but has no confirmed plans to transfer
☐ Student is withdrawing but does hope to return to OWU in the future.

Last Date of Attendance ___/___/____
Student plans to return to OWU within one academic year. A date of return is required:
Return Term: ___/___ Term/Year

Last Date of Attendance ___/___/____
Student will be attending another institution and does not plan to return to OWU.
Transfer Institution:

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
☐ Personal Crisis
☐ Mission Trip
☐ Other: ____________________________

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* No student on a leave of absence or withdrawn from the institution will be permitted to register for classes without an approved application to return.

REG 09/06/2018
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 not be accepted in place of signatures.

1) **Freshmen must meet with Brad Pulcini** | Associate Dean for Student Engagement
2) | 740-368-3943 | Hamilton-Williams Campus Center 209:

   **All other students are required to meet with Doug Koyle** | Associate Dean for Student Success
   | 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) **Bursar** | 740-368-3362 | University Hall 12:

__________________________ Date: ____________

4) **Financial Aid Office** | 740-368-3050 | Slocum Hall 246:

__________________________ 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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