Ohio Wesleyan University
Application for Departure

This form is to be used in the event a student decides to either 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 be approved 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 * No student on a leave of absence or withdrawn from the institution will be permitted to register for classes without an approved application to return.

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<th>Last Name</th>
<th>First</th>
<th>M.I.</th>
<th>I.D. Number</th>
<th>Date</th>
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<tr>
<th>Gender</th>
<th>M</th>
<th>F</th>
<th>T</th>
<th>Year at OWU</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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Deperture Type
(Please select one.)

- [ ] Terminate Enrollment (Withdraw)*
- [ ] Leave of Absence*  
  Student plans to return to OWU within one academic year. A date of return is required:
  Return Date: ___/___/___
- [ ] Transfer Institution*:
  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.)

- [ ] Personal Crisis
- [ ] Academic Program
- [ ] Medical Leave
- [ ] Housing Requirement/Halls
- [ ] Financial/Cost
- [ ] Athletics
- [ ] Family Concerns
- [ ] Campus Life
- [ ] 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* No student on a leave of absence or withdrawn from the institution will be permitted to register for classes without an approved application to return.
What could Ohio Wesleyan have done to prevent your departure? _______________________________
___________________________________________________________________________________
___________________________________________________________________________________

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 (if applicable) upon completion of this form. 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 _____________

How may we reach you after you leave Ohio Wesleyan?

Address: __________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

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.

Dean of Students: ___________________________ Date: _____________

Academic Advisor: ___________________________ Date: _____________

Bursar: ___________________________ Date: _____________

Financial Aid Office: ___________________________ Date: _____________

Once all signatures have been secured, return this document to the Registrar’s Office for final signature:

Registrar’s Office: ___________________________ Date: _____________