

VIRGINIA WESLEYAN UNIVERSITY
WITHDRAWAL NOTIFICATION

PLEASE PRINT

NAME _____ ID# _____

HOME ADDRESS _____
street city state zip code

I am currently a: _____ commuter student _____ resident student [dorm & room no. _____]

I attended my class(es) for the current semester: _____ no _____ yes (last date of attendance: _____)

I desire to withdraw from the college for the [] fall [] spring _____ for the following reason(s):
YEAR

[] financial/expense [] personal [] relocating/moving [] health/medical [] work related
[] joining military/military orders/called to active duty [] other (please explain):

Student's Signature

Date

A withdrawal is not complete until signed by the following, preferably in the order indicated, and until an exit interview with Academic Affairs has been completed.

*Exit Interviews
Completed*



Faculty Advisor _____ Date _____

Campus Life _____ Date _____ *Batten Center*

Finance & Administration _____ Date _____ *Batten Center*

Financial Aid _____ Date _____ *Godwin Hall*

Library _____ Date _____

**Office of Residence Life _____ Date _____

****Required only for those students who currently reside on campus.**

@Evening & Weekend Program _____ Date _____ ****See reverse**

@ Required for EWP students only

Academic Affairs _____ Date _____ *Clarke Hall*

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This form must be returned to the Registrar's Office for final processing. You are not withdrawn unless this form has been signed by the registrar.

Registrar's Use Only

Registrar's Signature

Date

Comments: without record with record (W or WF)