

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. _____] _____ EWP student

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

I desire to withdraw from the university 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 the Provost of the University has been completed.

*Exit Interviews
Completed*

Faculty Advisor _____ Date _____

Student Affairs _____ Date _____ *Batten Center*

Financial Aid _____ Date _____ *Godwin Hall*

Finance & Administration _____ Date _____ *Batten Center*

