



WHEELING
JESUIT
UNIVERSITY

OFFICIAL WITHDRAWAL/LEAVE OF ABSENCE FORM

Name: _____ Cardinal ID# _____

Current Class Level: Freshman Sophomore Junior Senior 2nd Degree

Please check one: *Off-Campus* **or** *Residential* Residence Hall & Room # _____

Cardinal Email: _____@cardinal.wju.edu **WJU Box#** _____

Major: _____ Academic Advisor: _____

Are you an athlete? _____ Which sport? _____

Please mark one of the following options. I intend to:

WITHDRAW from Wheeling Jesuit University, effective _____

TRANSFER to another institution, effective _____

Name of new institution: _____

Take a LEAVE OF ABSENCE, effective _____

I intend to reenroll at Wheeling Jesuit University, effective _____

I understand that, by withdrawing or transferring from Wheeling Jesuit University, I may or may not incur a balance once all adjustments have been made by the Financial Aid and Student Accounts offices. I am aware that I am responsible for any balance. I understand that my official transcript will not be released until my balance has been paid.

OR

I understand that, by taking a Leave of Absence, it is my responsibility to contact the Admissions office in order to reenroll. I must complete the Readmission Form: www.wju.edu/admissions/readmission/form.asp.

(Student Signature)

(Date)

(Director of Undergraduate Student Success Signature)

(Date)

Please mark all of the reasons for leaving Wheeling Jesuit University:

- | | |
|--|--|
| <input type="checkbox"/> Personal/Family Issues | <input type="checkbox"/> Medical/Health Issues |
| <input type="checkbox"/> Academic Difficulty | <input type="checkbox"/> Financial Difficulty |
| <input type="checkbox"/> WJU does not offer major I want | <input type="checkbox"/> Other _____ |

Additional Student Comments/Concerns/Complaints:

Student Check List

- | | |
|---|--|
| <input type="checkbox"/> Visit Student Accounts | NTTC 2 nd Floor (x2222) |
| <input type="checkbox"/> Complete Financial Aid Exit Interview | NTTC 2 nd Floor (x2304) |
| <input type="checkbox"/> Cancel on-campus housing <i>and/or</i> meal plan
(Must turn in room key prior to departure) | Exit Loan Counseling Website: www.nsls.ed.gov
Contact RA/RD to make arrangements (x2257) |
| <input type="checkbox"/> Visit Campus Shop for textbook returns | Swint Hall 2 nd floor (x2231) |
| <input type="checkbox"/> Contact Coach (if participating in varsity sport) | McDonough Center (x2365) |
| <input type="checkbox"/> Request Official Transcript from Registrar | Acker Science Center 204 (x2238)
Online Link: http://wju.edu/registrar/forms/transcript.asp |
| <input type="checkbox"/> Personal email address: _____ | |
| <input type="checkbox"/> Permanent address: _____ | |
| <input type="checkbox"/> Permanent phone number: _____ | |

I understand that, by providing my initials, it is my responsibility to complete the student checklist within seven university days of the date listed below.

Initials of Student: _____ **Initials of DUSS:** _____ **Date:** _____

Director of Undergraduate Student Success Use Only (Student does not complete this portion):

Cumulative GPA:

Transfer Student:: Yes No

ENG 101 REA 101 MAT 101 GPA Accept Date Deposit Date

History of Academic Probation:

Conditions for Reenrollment: Yes (Attach Conditions) No