



OFFICIAL WITHDRAW - LEAVE OF ABSENCE

Wheeling Jesuit University

Student Name: _____ Student ID: _____

Current Class Level: Freshman | Sophomore | Junior | Senior | Undergrad Evening | Graduate

Please indicate: Off-Campus or Residential Residence Hall & Room # _____

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

Major: _____ Academic Advisor: _____

Athletic Participant: No | Yes if yes Affiliated Sports: _____

Declaration of Intent to Vacate from WJU

Please mark the following intent

- Withdraw from Wheeling Jesuit University
- Transfer to another institution named: _____
(name of new institution)
- Leave of Absence with intent to return by: _____
(effective date of return)

Effective Date
LDA Last Date of Attendance

Reasons for Leaving (check all that apply):

- Personal/Family Issues
- Medical/Health Issues
- Student Life Issues
- Financial Difficulty
- Academic Difficulty
- Athletic Issues
- WJU does not offer major I want.

Additional Student Comments/Concerns/Complaints:

(If more space is needed use back or attach letter)

Verification of Acknowledgement

Please read and sign the following

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.

Permanent Phone: _____

Personal Email: _____

Permanent Address: _____

Student Signature

Date