

VIRGINIA WESLEYAN COLLEGE
WITHDRAWAL NOTIFICATION

PLEASE PRINT

NAME _____ ID# _____ - _____ - _____ Date: _____

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:

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

Student's Signature

The college will charge an administrative cost allowance for any student withdrawing. The cost will be five percent (5%) of tuition, but not more than \$100.00.

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

Exit Interview
Completed

Dean of Admissions _____ Date _____

Faculty Adviser _____ Date _____

Dean of Students _____ Date _____

Financial Aid Office _____ Date _____

Business Office _____ Date _____

Dean of the College _____ Date _____

Library _____ Date _____

**Office of Residence Life _____ Date _____

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

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 You are not withdrawn unless this form has been signed by the registrar.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, WP, WF)