WESTERN NEW ENGLAND UNIVERSITY WNE

Application For Withdrawal or Absence From Campus (Traditional/Full Time Course of Study)

Note: This form is to be filed with the Academic Support Center located in the Campus Center and should be accompanied by a formal exit interview. A copy of this form is included in the permanent record held in Student Administrative Services.

Name_____Date_____
(Please Print)

Permanent Address _____
(Street/Box #)

_____
(City or Town) (State) (Zip Code)

Student ID# __ __ __ __ __ __ Curriculum_____

Date of Birth _____/_____/_____ ❑ Freshman ❑ Junior ❑ Check here if you received
Month Day Year ❑ Sophomore ❑ Senior financial aid while enrolled

❑ I wish to interrupt my studies at Western New England University and withdraw from all courses.

❑ I plan to continue my education at Western New England University but will study abroad during the coming semester.

❑ I wish to apply for a leave of absence.

Detailed reason for request below:_____

_____

_____

Upon withdrawing from the University I am aware that all tuition, fees, and charges are my responsibility and must be paid in accordance with University policy. Failure to make payment may result in additional costs, including all costs of collection incurred by the University.

Student's Signature_____

(Do Not Write Below This Line)

❑ Complete Withdrawal Most Recent Semester Enrolled_____

❑ Leave of Absence To return_____

❑ Study Abroad Location_____ Fall / Spring

Primary Withdrawal Code_____ Catalogue Year of Last Enrollment_____

Last Date of Attendance_____ First Registration Date_____

Comments and recommendations of exit interviewer:_____

_____

_____

Date:_____ Approved: _____

❑ Effective: Immediately
❑ End of Term
Additional Circumstances ❑ Yes ❑ No

(see reverse side)

❑ This student has withdrawn due to extenuating circumstances and should receive further review or modification of refund policy.

Comments/Recommendations_____