Note:Complete the Application for Withdrawal or Absence from Campus form, including the Exit Interview portion, and submit it to the University Advising Center on the rst oor of the Campus Center or to advisingcenter@wne.edu.

Name_____ Date_____
(Please Print)

Permanent Address_____
(Street/Box #)

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

Cell Phone No._____

Student ID# __ __ __ __ __ __ Curriculum_____

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

☐ I wish to interrupt my studies at Western New England University and withdraw from all courses immediately.
☐ I wish to withdraw from Western New England University at the end of this term.
☐ 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 accordar with University policy. Failure to make payment may result in additional costs, including all costs of collection incurred by the Universit

Student's Signature_____

(Do Not Write Below this Line - Continue on to Exit Interview Form on Page 2)

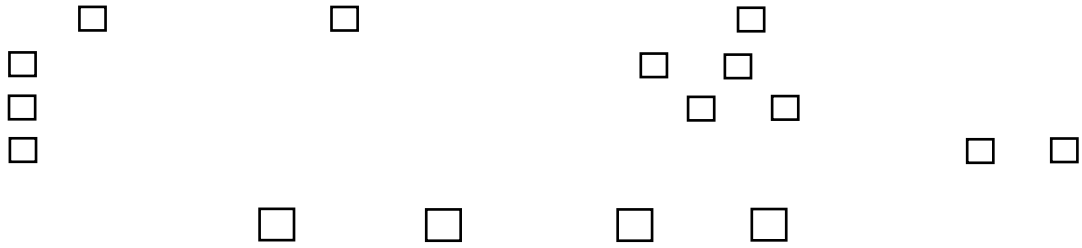
☐ Complete Withdrawal Most Recent Semester Enrolled_____
☐ Leave of Absence To return_____
☐ Study Abroad Location_____ ☐ Fall ☐ Spring

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