

**WESLEYAN UNIVERSITY**  
Middletown, Connecticut 06459

**WITHDRAWAL FORM**

To officially withdraw from Wesleyan you must complete this form and return it to your dean. It is also suggested that you meet with your dean to discuss your plans to be sure that you are aware of all issues pertaining to your status change.

<b>STUDENT NAME:</b> _____	<b>CLASS:</b> _____	<b>WESID:</b> _____
<b>ADDRESS:</b> _____		
<b>TODAY'S DATE:</b> _____	<b>REQUESTED WITHDRAWAL DATE:</b> _____	

**1. Please indicate which of the following influenced your decision to withdraw?:**

Other academic opportunities not available at Wesleyan, please specify:

\_\_\_\_\_  
\_\_\_\_\_

Personal Reasons: \_\_\_\_\_

\_\_\_\_\_

Family Reasons: \_\_\_\_\_

\_\_\_\_\_

Size of Wesleyan:    Too Small    Too Large

Location of Wesleyan:    Too far from home    Other, please explain: \_\_\_\_\_

\_\_\_\_\_

Quality of Life At Wesleyan Issues:

Academic, Please explain briefly: \_\_\_\_\_

\_\_\_\_\_

Residential Living/Options, Please explain briefly: \_\_\_\_\_

\_\_\_\_\_

Extra-Curricular, Please explain briefly: \_\_\_\_\_

\_\_\_\_\_

Financial Reasons, Please explain briefly: \_\_\_\_\_

\_\_\_\_\_

Were you receiving financial aid from Wesleyan?    Yes    No  
*(Please continue on reverse side)*

**2. Can you identify something specific that if changed, would influence you to remain at Wesleyan?**

Yes, Please explain briefly: \_\_\_\_\_

No, Please explain briefly: \_\_\_\_\_

**3. Did you discuss your plans to withdraw with any of the following?**

**Please Check all that apply:**

Faculty Advisor	Financial Aid Office
Faculty member other than your advisor	Family
Dean	Coach
Resident Advisor or Head Resident	Peers
Health Services or Student Mental Health staff	Other: _____

**4. Please indicate your plans after Wesleyan:**

Full-time enrollment at another institution- name: \_\_\_\_\_

Part-time enrollment at another institution- name: \_\_\_\_\_

Work                      Travel                      Other: \_\_\_\_\_

**5. How confident are you that you will *not* return to Wesleyan at some later point?**

Absolutely sure will not return                      Unsure                      May return

**6. Please use the space below to provide us with any additional comments regarding your experience at Wesleyan and any factors that have contributed to your decision.**

**7. Please Sign here:** \_\_\_\_\_

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**This Section must be completed, if withdrawal is requested during a semester at Wesleyan. Withdrawal cannot be approved by the dean without:**

1. Clearance from the Office of Student Accounts: \_\_\_\_\_
2. Clearance from the Financial Aid Office:  
(if receiving Wesleyan aid or loans) \_\_\_\_\_
3. Clearance from Office of Residential Life:  
(if living in Wesleyan housing) \_\_\_\_\_
4. Submission to Registrar's Office of DROP/ADD form showing withdrawals and signed by instructors  
(if courses are in progress). \_\_\_\_\_

**Withdrawal Approved as of** \_\_\_\_\_  
(Date)                      (Signature of Dean)