WHEELING UNIVERSITY

OFFICIAL WITHDRAW FORM

Wheeling University

Student Name: _____ Student ID: _____
First Middle Last

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

Please Indicate Housing Status: ☐ Residential Residence Hall & Room: _____
☐ Off-Campus Address: _____

	Reason for Leaving *Mark as many as apply*	Please Elaborate in the Space Provided Below *Your experience at Wheeling University and the details of why you've chosen to leave can helps us improve the student experience for all our current and future students. Please take a moment to explain your decision.*	
☐	**Academic Difficulty**		
☐	**Athletic Issues**		
☐	**Financial Difficulty**		
☐	**Medical / Health Issues**		
☐	**Personal / Family Issues**		
☐	**Student Life Issues**		
☐	**Major of Interest Not Offered**		
Do You Plan to Transfer to Another Institution?		**If yes, please name the institution below.**	**Last Date of Attendance:**
☐ **Yes** ☐ **No**			

Academic Counseling

Registrar: _____
Date: _____

Academic Advisor: _____
Date: _____

Athletic Advisor: _____
Date: _____

Financial Counseling

Student Accounts: _____
Date: _____

Financial Aid: _____
Date: _____

☐ *I did not participate in Athletics*

Verification of Acknowledgment

Please read and sign the following

I understand that, by withdrawing from Wheeling University, I may or may not incur a balance once all adjustments have been made by the Financial Aid and Student Account offices. I am aware that I am responsible for any balance. I understand that my official transcript may not be released until my balance has been paid.

Permanent Phone: _____ Student Signature: _____

Personal Email: _____ Date: _____

Home Address: _____

_____