

WEST VIRGINIA WESLEYAN COLLEGE
GRADUATE STUDIES WITHDRAWAL FORM

NAME _____ DATE _____

STUDENT ID # _____ GRADUATE PROGRAM _____

Reason(s) for Leaving (Please check all that apply):

PERSONAL

- Medical Reasons
- Family Circumstances
- Called to active duty
- Other _____

FINANCIAL

- Not enough money to continue
- Change in employment
- Change in job responsibilities
- Financial aid not available
- Other _____

ACADEMIC

- Master's program not what I expected
- Change in my career/academic plans
- Transferring to another program & school
- Other _____

Is this a permanent withdrawal or do you plan to return to the program at a later date? _____

Please explain: _____

- - - - - (for office use only) - - - - -

Comments: _____

Official Withdrawal Date _____

Dean of Graduate Studies and Extended Learning

Refund: _____ Tuition
 _____ Board
 _____ Room

Mailing Address:

