Withdrawal from the School of Divinity

Please Print

Last Name: ____________________________________________ First Name: ______________________________________ MI: ______
WFU ID Number: _______________________________________ Non-WFU email: ______________________________________

My signature below indicates that I am leaving Wake Forest University School of Divinity under the following circumstances:

- Withdrawal/Academically Ineligible (OI)
- Withdrawal/Out Personal (OP - prior to the start of the semester, might return)
- Withdrawal/WD (WD - withdrawing and not completing current semester, no plans to return)
- Withdrawal/Leave of Absence (LV – leaving either during the semester or at the end of the semester and planning to return within one year. Please attach a letter detailing the personal, medical, or family reason that requires absence from campus.)

I understand this action is not complete until acknowledged by the appropriate signatures below and returned to the Office of Academic Affairs, Wingate Hall room 203B. I further acknowledge that I am responsible for any outstanding/unresolved debt(s) incurred during my course of study and that I am responsible for notifying other parties with interest in my withdrawal (student loan entities; other financial entities; etc.).

Student’s Signature ____________________________________________ __________________________
Academic Adviser in the School of Divinity: ______________________________ __________________________

If enrolled at the time of Withdrawal, list courses to be removed from:

*Course & Section Number: ____________________ WD | WP | WF Instructor: _____________________ Date: __________

*Note: For WD or LV only: If this withdrawal is before the drop date of the semester, circle WD for withdraw without grade. If it is after the drop date of the semester, circle WP for withdraw-passing or WF for withdraw-failing.

This form requires the signature of the Dean of Academic Affairs.

Signature ____________________________________________ Date __________________________
Neal Walls, PhD; Associate Dean for Academic Affairs

If withdrawal is for leave of absence, indicate so here (and attach required letter): ______________________________

Please return this form, with signatures, to the Office of Academic Affairs for processing. The Office of Academic Affairs will notify the following: (Academic Administrator’s initials indicate notice has been sent to these persons and/or offices)

Associate Dean of Admissions, Shonda Jones: _____ Z. Smith Reynolds Library, Circulation Desk: _____
Registrar’s Office, 110 Reynolda Hall, Trey Frye: _____ Financial Aid Office, Tom Benza: _____
Returned Deacon One Card, 104 Alumni Hall: _____ Financial & Accounting Services: _____