Westminster College

Return from Leave of Absence Application

Name: _____ **ID #** _____
Last First Middle

Street Address:_____ **Cell Phone:**_____

City: _____ **State:**_____ **Zip:**_____ **Home Phone:**_____

Temporary Address: _____Temporary Phone: _____

☐ Married ☐ Single **Email Address:** _____

Readmission requested for semester beginning: _____ Last semester of attendance:_____

College/Universities attended during separation from Westminster: _____

➔ Official Academic Transcript(s) must be submitted directly to the Registrar, Westminster College, before processing readmission / registration.

Major during enrollment at Westminster: _____ I plan to continue with this major? YES or NO (circle one)

If you do not plan to stay with same major, state new major: _____ ➔ **You Must submit Change of Major Form**
(Major Declaration/Change Form is available at Registrar's Office)

- **All undergraduate students are required to live in college residence halls unless commuting from home or given special permission by the Student Affairs Office to live off-campus. Questions? Contact Student Affairs: ☎ (724) 946-7110**

  Residence Hall Room Desired: **YES** ***or*** **NO** (circle one) **I plan to commute**: **YES** ***or*** **NO** (circle one)

- **Before returning this form to the Registrar's Office, please verify that No Outstanding Balance, or $200 Reservation Deposit requirement, and/or Business Office Hold issues exist by contacting the Business Office: ☎ 724-946-7140 or 724-946-7503**

Student's Signature ✕_____ **Date:** _____

Immediately Return Completed form to:

Registrar's Office, Westminster College, 319 South Market Street, New Wilmington, PA 16172

Questions? **Registrar's Office: ☎ 724-946-6336**

Office Use Only **Recommendations:**

_____ _____ _____ **Signature: ✕**_____
Approved **Approved** ***With Conditions (attached)*** **Denied** **Assistant Controller for Business Office** **Date**

_____ _____ _____ **Signature: ✕**_____
Approved **Approved** ***With Conditions (attached)*** **Denied** **Associate Dean for Academic Affairs** **Date**

_____ _____ _____ **Signature: ✕**_____
Approved **Approved** ***With Conditions (attached)*** **Denied** **Vice President for Student Affairs** **Date**

Copy sent to:

☐ **Academic Affairs**	☐ **Business Office: Perkins**	☐ **Mail Room**	☐ **Major Dept.:** _____
☐ **Applicant: Student**	☐ **Financial Aid**	☐ **Security**	☐ **Advisor:** _____
☐ **Business Office: Asst. Controller**	☐ **Human Resources**	☐ **Student Affairs**	☐ _____
☐ **Business Office: Billing**	☐ **Information Systems**	☐ **Titan Card**	☐ **Registrar - File Copy**