## Westminster College <u>Return from Leave of Absence Application</u>

Name:				<b>ID</b> #	
Last	<u>First</u>		Mid	ldle	
Street Address:				Cell Phone:	
City:		State:	Zip:	Home Phone:	
Temporary Address:				Temporary Phone:	
6 Married 5 Single	E	mail Address:			
Readmission requested for semester beginning: Last semester of attendance:					
College/Universities attende	d during separation from W pt(s) must be submitted direct	vestminster: y to the Registrar, V	Westminster Colle	ege, before processing readmission / regi	stration.
			-	nue with this major? YES or NO (	
If you do not plan to stay with same major, state new major: Xou Must submit Change of Major F (Major Declaration/Change Form is available at Registrar's C					
				commuting from home or given s ct Student Affairs:	
<b>Residence Hall Re</b>	oom Desired: YES or N	0 (circle one)	<u>I plan to com</u>	mute: YES or NO (circle one)	
				canding Balance, or \$200 Reservati s Office:	
Student's Signature ±			Date:		
Immediately Return Compl	eted form to:				
	-	College, 319 So	outh Market	Street, New Wilmington, PA	16172
		Registrar's Offi			
Office Use Only	Recommendations:				
America	ved Denied	Signature	: ±	t Controller for Business Office	Data
Approved Appro With Condition			Assistant	Controller for Business Office	Date
Approved Appro With Condition		Signature	e: ±Associate	e Dean for Academic Affairs	Date
Approved Appro With Condition		Signature	:: ± Vice Pres	sident for Student Affairs	Date
Copy sent to:					
<ul> <li>6 Academic Affairs</li> <li>6 Applicant: Student</li> <li>6 Business Office: Asst. Co</li> <li>6 Business Office: Billing</li> </ul>	<ul> <li>Business Office</li> <li>Financial Aid</li> <li>ontroller </li> <li>Information Sy</li> </ul>	© Se ces © St	ail Room curity udent Affairs tan Card	<ul> <li>6 Major Dept.:</li></ul>	
S Dusiness Office, billing		stems © 11	un Caru	S Registrar - File Copy	