

Office of Undergraduate Studies
Case Western Reserve University
Sears Building 357
10900 Euclid Ave.
Cleveland, OH 44106-7028
Telephone: 216.368.2928 Fax: 216.368.4718

PETITION TO RE-ENROLL AFTER VOLUNTARY LEAVE OF ABSENCE

Mr./Ms. _____
Last First Middle

Home Address _____
Number and Street

_____ City State ZIP code

Phone _____ CWRU ID # _____ Email address _____

Mailing address (if different from home address)

_____ Number and Street

_____ City State Zip + 4 Code

I wish to enroll for (circle one and add year) Fall _____ Spring _____ Summer _____

Date of last enrollment _____ Major when previously enrolled _____

New expected graduation date _____

1. Reasons for withdrawal from Case Western Reserve:

2. If you are changing your academic program, why?

3. What have you been doing since your withdrawal?

4. Have you been enrolled in another university or college? Yes _____ No _____ If yes, please provide below the name and address of the school and arrange to have an official transcript mailed to:

**Office of Undergraduate Studies
Case Western Reserve University
University 10900 Euclid Ave.
Cleveland, OH 44106-7028**

Name and address of school(s) you attended since last attending CWRU.

5. Indicate any further information you feel would be helpful to the Deans' Committee.

Signature

Date