

Office of Undergraduate Studies  
Case Western Reserve University  
Sears Building 447  
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?

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3. What have you been doing since your withdrawal?

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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.

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

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date