

Please print this form and send it to:
4301 South Washington Street, Suite 247
Marion IN 46953-5279
or print this form and Fax to:
765-677-2380

Re-entry Request Form

I request to re-enter the Indiana Wesleyan University LEAP program. I understand that since I have been out of the program for a period of more than six months, my file will be reviewed according to current requirements for the degree pursued, and that I must meet the degree requirements in accordance with University policy as stated in the current catalog.

“If they (students) withdraw from Indiana Wesleyan University, the graduation requirements as stated in the catalog under which they resume enrollment will apply.”

I further understand that any pending financial obligations must be met and arrangements must be in place for financial responsibility prior to re-entry.

Printed Name: _____ **Social Security No.** _____

Current Address: _____

City

State

Zip

Home Phone: _____ **Work Phone:** _____

Former Group: _____

Signed _____ **Date:** _____

Office Use Only

____ **Approved** **Additional requirements:** _____ **Not Approved**

Director, Office of Student Services

Date