

### Student Information

VU ID # \_\_\_\_\_ Full Name \_\_\_\_\_

Please type or print your name as it is officially recorded with Valparaiso University:    Family/Last Name,                      Given/First Name                      Middle Name                      Maiden/Former Name

Personal Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Current Address \_\_\_\_\_

Degree Program \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

### Last Date of Enrollment

Semester \_\_\_\_\_ Year \_\_\_\_\_

### Proposed Date of Re-Enrollment

Semester \_\_\_\_\_ Year \_\_\_\_\_

### Reason for Request

Please describe your reason(s) for discontinuing academic work at Valparaiso University. **You may attach additional pages as needed.**

### Other Institutions Attended

Please list all other educational institutions attended since you last enrolled at Valparaiso University. **You may attach additional pages as needed.**

Student \_\_\_\_\_ Date \_\_\_\_\_

Dean \_\_\_\_\_ Date \_\_\_\_\_

☐ Approved    ☐ Denied