

**Office of the Registrar**

Ochre Court, Room 203  
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## UNDERGRADUATE UNIVERSITY WITHDRAWAL

**Student Name:** \_\_\_\_\_  
**Student ID:** \_\_\_\_\_ **Academic Level:** \_\_\_\_\_  
**Academic Year:** \_\_\_\_\_ **Semester:** \_\_\_\_\_

**Effective Date:** ☐ Immediately ☐ End of Semester

**Indicate reasons for withdrawing from Salve Regina University (check all that apply):**

**Academic:**

- \_\_\_ Not academically challenged
- \_\_\_ Courses too difficult
- \_\_\_ Desired major not offered
- \_\_\_ Transfer to another college/university
- \_\_\_ Desire larger institution
- \_\_\_ Salve was not my first choice

**Financial:**

- \_\_\_ Conflict with school and job
- \_\_\_ Financial

**Personal:**

- \_\_\_ Closer to home/homesick
- \_\_\_ Need a break from school

**Student Life:**

- \_\_\_ Play varsity sport
- \_\_\_ Not enough campus activities
- \_\_\_ Housing/roommate problems
- \_\_\_ Social fit
- \_\_\_ Not enough cultural diversity
- \_\_\_ Undecided about future plans

### REQUIRED SIGNATURES

- Sign the form below *after* you have completed an exit interview with the Office of Student Success and contacted members of the Office of Financial Aid, Business Office, and Office of the Registrar.

**Office of Student Success:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office of Financial Aid:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Business Office:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office of Registrar:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_