



Office of the Registrar
Ochre Court, Room 203
100 Ochre Point Avenue
Newport, RI 02840-4192
Tel: 401-341-2943 * Fax: 401-341-2996
sruregistrar@salve.edu

UNDERGRADUATE UNIVERSITY WITHDRAWAL

Student Name: _____

Student ID: _____ **Academic Level:** _____

Academic Year: _____ **Semester:** _____

Do you reside on campus? ☐ Yes ☐ No

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 difficulties

___ Other Reason: _____

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

Sign below and submit the form to the Office of the Registrar (sruregistrar@salve.edu).

Student Signature: _____ **Date:** _____

Office Use Only

- ☐ The Office of the Assistant Vice President for Student Success
- ☐ Office of International Programs (International students)
- ☐ Office of Financial Aid
- ☐ Business Office
- ☐ Residence Life (Students residing on campus)