



**Office of the Registrar**  
Ochre Court, Room 203  
100 Ochre Point Avenue  
Newport, RI 02840  
Tel: 401-341-2943  
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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
- \_\_\_ Desire larger institution
- \_\_\_ Salve was not my first choice

**Financial:**

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

**Future Plans:**

- \_\_\_ Transfer
- \_\_\_ Undecided about future plans
- \_\_\_ 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

### University Withdrawal Survey

Please click on the link below or type into a web browser to complete the survey:

<https://salve.traccloud.com>

### Signature

I have submitted a university withdrawal survey and contacted the necessary offices (Bursar's Office, and, if applicable, Financial Aid, Residence Life and/or Center for Global Education and Fellowship).

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

**Submit Completed Withdrawal Form to the Office of the Registrar at:**

**[sruregistrar@salve.edu](mailto:sruregistrar@salve.edu)** using your Salve email address.