



Office of the Registrar
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CONTINUING EDUCATION UNIVERSITY WITHDRAWAL

Student Name: _____

Student ID: _____ **Academic Year:** _____

Semester: _____

Please select effective withdrawal period:

- Immediately
- End of Semester

ACKNOWLEDGEMENT

- An official withdrawal removes you from your academic program and cancels your student status at Salve Regina University.
- To return to the University you will need to apply for readmission into a degree program through the Office of Graduate Studies & Continuing Education if you have been gone for more than a year.
- Withdrawing does not release you from any financial obligations due to the University.

Student Signature: _____

Date: _____

Office of the Registrar Signature: _____

Date: _____