



**Office of the Registrar**  
 Ochre Court, Room 203  
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 Newport, RI 02840-4192  
 Tel: 401-341-2943 \* Fax: 401-341-2996  
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## UNDERGRADUATE UNIVERSITY WITHDRAWAL

<b>Student Name:</b> _____	
<b>Student ID:</b> _____	<b>Academic Level:</b> _____
<b>Academic Year:</b> _____	<b>Semester:</b> _____

<b>Effective Date:</b> <input type="checkbox"/> Immediately <input type="checkbox"/> End of Semester
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**Indicate reasons for withdrawing from Salve Regina University (check all that apply):**

<p><b>Academic:</b></p> <p>___ Not academically challenged</p> <p>___ Courses too difficult</p> <p>___ Desired major not offered</p> <p>___ Transfer to another college/university</p> <p>___ Desire larger institution</p> <p>___ Salve was not my first choice</p>	<p><b>Personal:</b></p> <p>___ Closer to home/homesick</p> <p>___ Need a break from school</p>
<p><b>Financial:</b></p> <p>___ Conflict with school and job</p> <p>___ Financial</p>	<p><b>Student Life:</b></p> <p>___ Play varsity sport</p> <p>___ Not enough campus activities</p> <p>___ Housing/roommate problems</p> <p>___ Social fit</p> <p>___ Not enough cultural diversity</p> <p>___ Undecided about future plans</p>

\_\_\_ Other Reason: \_\_\_\_\_

### REQUIRED SIGNATURES

Sign the form below *after* you have completed an exit interview with The Office of the Assistant Vice President for Student Success and contacted members of the Office of International Studies (International Students Only), Office of Financial Aid, and Business Office. The final, signed form is submitted to and retained by the Office of the Registrar.

**The Office of the Assistant Vice President for Student Success:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Office of International Programs (International Students Only):**

\_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

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

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