

University Withdrawal

Student ID Number: _____

I, _____, hereby withdraw from Southern Virginia University.
(Full Name: First, Middle, Last)

as of _____.
(Date)

Please check all boxes that apply:

- Academic Financial LDS Mission
 Medical Personal Other (please specify) _____

Do you plan to return to Southern Virginia University? _____ If so, when? _____

If you are transferring to another institution, which one? _____

Please meet with the following individuals and obtain their signature.

Student Financial Services Advisor

IT signature for iPad Bundle Return

I understand that I am bound by the terms of the tuition and fees policies as stated in the SVU catalog. My transcript will be withheld until all of my University financial obligations are met.

Student's Signature

Date

LIST YOUR CLASSES AND THE LAST DATE YOU ATTENDED THESE CLASSES. THIS INFORMATION IS CRUCIAL.

Class	Last date you attended	Class	Last date you attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Forwarding Information:

Name: _____ Street: _____
City: _____ State: _____ Zip: _____ Phone: _____

OFFICE USE ONLY

Exit date and Reason Entered Hold Entered Classes Checked Alert Sent Initials: _____ Date: _____



SOUTHERN VIRGINIA UNIVERSITY

Office of the Registrar
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