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

GRADUATE UNIVERSITY WITHDRAWAL

Student Name: _____

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

Semester: _____

Please select effective withdrawal period: ☐ Immediately ☐ End of Semester

Indicate reasons for withdrawing from Salve Regina University (check all that apply):

☐ Family Obligation
☐ Relocation
☐ Financial Barriers
☐ Other_____
☐ Change of Program
☐ Transfer to another institution
☐ COVID

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 & Professional Studies 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:** _____