



Office of the Registrar
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PROFESSIONAL STUDIES 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

Change of Program

Relocation

Transfer to another institution

Financial Barriers

COVID

Other _____

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:** _____