



# UNIVERSITY OF THE VIRGIN ISLANDS

Access & Enrollment Services

OFFICE OF THE REGISTRAR

## WITHDRAWAL FORM

Spring 20\_\_ 
  Summer 20\_\_ 
  Fall 20\_\_

Note: This form is to be completed only if the student is completely withdrawing from all courses at the university. **Please email completed form to the Registrar's Office at [registrar@uvi.edu](mailto:registrar@uvi.edu).**

Are you matriculated? Yes  No

Are you receiving Financial Aid? Yes  No

Are you a Veteran? Yes  No

Are you an International Student? Yes  No

Did you ever attend? Yes  No

Name (Last, First) \_\_\_\_\_ Student ID Number \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Contact: \_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_

**CODES:** W = Complete Withdrawal    \*\*\*AW = Administrative Withdrawal (*\*\*\*Dean's Approval is required*)

Please Fill All Appropriate Spaces with the Correct Codes. See Codes Above

CODE	CRN#	SUBJECT	TITLE OF COURSE

**DISCLAIMER:**

By signing this form, you are confirming that you are aware of the consequences of your decision on both academic and financial grounds.

\_\_\_\_\_  
Student Signature                                  Date

**OFFICE USE ONLY**

\_\_\_\_\_  
Authorized Personnel                                  Date