



# 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     Date of last attendance? \_\_\_\_\_

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

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

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

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

**CODES:**                      W = Withdrawal  
                                     WP = Withdrawal w/passing  
                                     WF = Withdrawal w/failing  
                                     \*\*\*AW = Administrative Withdrawal (*\*\*\*Dean's Approval is required*)

**Please Fill All Appropriate Spaces With Correct Codes. See Codes Above**

CODE	CRN#	SUBJECT	TITLE OF COURSE	Instructor's Signature

**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 and Date

**OFFICE USE ONLY**

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