

University of the Southern Caribbean TEMPORARY WITHDRAWAL FORM

NOTE: This form MUST be done in duplicate and submitted to the Registrar's Office.

NAME	USC ID#	DATE
PERMANENT ADDRESS		
PHONE CONTACT	EMAIL ADDRESS	i
DEGREE/PROGRAM	NUMBER (OF CREDITS COMPLETED
I am hereby withdrawing TEMPORARILY fro	om the University of the S	outhern Caribbean
WITHDRAWAL SEMESTER 1 st () 2 nd () 3 rd () SCHOOL	YEAR:
I plan to return for the academic period: 1st	() 2 nd () 3 rd () Seme	ester SCHOOL YEAR:
Reason(s) for Withdrawal: [] Medical [] Financial [] Family Obligation [] Other:	[] Employment	[] Academic Difficulty
I have discussed the reasons with my acade	mic advisor [] Yes [] No (Strongly Recommended)
 I am aware of the following: Withdrawing does not eliminate my Caribbean. A break for more than one consecuti Prior to my return I will be responsible Return" Form. (Available online, Admit Prior to my return I will be responsible approval to return. (Trinidad and Tobel) 	ive semester may result in ble for notifying the univers issions Office and Form Box ble for requesting a letter f	a change in Academic Bulletin. sity using the "Intention to opposite ATM Machine)
Student's Signature	DATE	
Advisor's Name Ad	visor's Signature	DATE

Please obtain signatures from the following in the order listed below:

<u>Department/Office</u>	Signature, Stamp & Date:
Student Services & Enrollment Management	[] Approved [] Denied
Dean/Chair of School	[] Approved [] Denied
Library Director	[] Approved [] Denied
Residence Hall Deans (Dorm students only)	[] Approved [] Denied
Associate Provost	[] Approved [] Denied
Student Finance Office	[] Approved [] Denied
OFFICI	AL USE ONLY
University Registrar/Designee	Date Processed
Comments	