

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		
DEGREE/PROGRAM	NUMBER OF CREI	DITS COMPLETED	
I am hereby withdrawing TEMPORARILY from the University of the Southern Caribbean			
WITHDRAWAL SEMESTER 1 st () 2 nd () 3 rd	() SCHOOL YEAR:_		
I plan to return for the academic period: 1^{st} () 2^{nd}	() 3 rd ()Semester S	CHOOL YEAR:	
Reason(s) for Withdrawal:(Please to a second se] Employment	[] Academic Difficulty	
I have discussed the reasons with my academic advis	or []Yes []No	(Strongly Recommended)	
 I am aware of the following: Withdrawing does not eliminate my financial obligation to the University of the Southern Caribbean. A break for more than one consecutive semester may result in a change in Academic Bulletin. Prior to my return I will be responsible for notifying the university using the "Intention to Return" Form. (Available online, Admissions Office and Form Box opposite ATM Machine) Prior to my return I will be responsible for requesting a letter for the G.A.T.E Office indicating approval to return. (Trinidad and Tobago Nationals ONLY) 			
Student's Signature	DATE		
Advisor's Name Advisor's Sig	nature	DATE	

Please obtain signatures on overleaf in sequential order

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

Department/Office	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		
ОЕЕІСІ	AL USE ONLY		
University Registrar/Designee	Date Processed		
Comments			

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