



**University of the Southern Caribbean  
TEMPORARY WITHDRAWAL FORM**

**RETROACTIVE  
Multiple Years ONLY**

**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 CREDITS COMPLETED \_\_\_\_\_

**I am hereby withdrawing TEMPORARILY from the University of the Southern Caribbean**

- [ ] WITHDRAWAL SEMESTER 1<sup>st</sup> ( ) 2<sup>nd</sup> ( ) 3<sup>rd</sup> ( ) SCHOOL YEAR: \_\_\_\_\_
- [ ] WITHDRAWAL SEMESTER 1<sup>st</sup> ( ) 2<sup>nd</sup> ( ) 3<sup>rd</sup> ( ) SCHOOL YEAR: \_\_\_\_\_
- [ ] WITHDRAWAL SEMESTER 1<sup>st</sup> ( ) 2<sup>nd</sup> ( ) 3<sup>rd</sup> ( ) SCHOOL YEAR: \_\_\_\_\_
- [ ] WITHDRAWAL SEMESTER 1<sup>st</sup> ( ) 2<sup>nd</sup> ( ) 3<sup>rd</sup> ( ) SCHOOL YEAR: \_\_\_\_\_
- [ ] WITHDRAWAL SEMESTER 1<sup>st</sup> ( ) 2<sup>nd</sup> ( ) 3<sup>rd</sup> ( ) SCHOOL YEAR: \_\_\_\_\_
- [ ] WITHDRAWAL SEMESTER 1<sup>st</sup> ( ) 2<sup>nd</sup> ( ) 3<sup>rd</sup> ( ) SCHOOL YEAR: \_\_\_\_\_
- [ ] WITHDRAWAL SEMESTER 1<sup>st</sup> ( ) 2<sup>nd</sup> ( ) 3<sup>rd</sup> ( ) SCHOOL YEAR: \_\_\_\_\_
- [ ] WITHDRAWAL SEMESTER 1<sup>st</sup> ( ) 2<sup>nd</sup> ( ) 3<sup>rd</sup> ( ) SCHOOL YEAR: \_\_\_\_\_
- [ ] WITHDRAWAL SEMESTER 1<sup>st</sup> ( ) 2<sup>nd</sup> ( ) 3<sup>rd</sup> ( ) SCHOOL YEAR: \_\_\_\_\_

I plan to return for the academic period: 1<sup>st</sup> ( ) 2<sup>nd</sup> ( ) 3<sup>rd</sup> ( ) Semester SCHOOL YEAR: \_\_\_\_\_

Reason(s) for Withdrawal: **(Please tick (v) desired response)**

- [ ] Medical                      [ ] Financial                      [ ] Employment                      [ ] Academic Difficulty  
 [ ] Family Obligation                      [ ] Other: \_\_\_\_\_

I have discussed the reasons with my academic advisor [ ] Yes [ ] No **(Strongly Recommended)**

*I am aware of the following:*

1. *Withdrawing does not eliminate my financial obligation to the University of the Southern Caribbean.*
2. *A break for more than one consecutive semester may result in a change in Academic Bulletin.*
3. *Prior to my return I will be responsible for notifying the university using the "Intention to Return" Form. (Available Online via USC Website)*
4. *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 Signature \_\_\_\_\_ 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**

**Resident Hall Deans** (*Dorm students Only*) \_\_\_\_\_ [ ] **Approved** [ ] **Denied**

**Provost** \_\_\_\_\_ [ ] **Approved** [ ] **Denied**

**Student Finance Office** \_\_\_\_\_ [ ] **Approved** [ ] **Denied**

**\*\*\*OFFICIAL USE ONLY\*\*\***

University Registrar/Designee \_\_\_\_\_ Date Processed \_\_\_\_\_

Comments

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