



University of the Southern Caribbean PERMANENT 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 CREDITS COMPLETED _____

I am hereby withdrawing PERMANENTLY from the University of the Southern Caribbean

WITHDRAWAL SEMESTER 1ST () 2ND () 3RD () SCHOOL YEAR: _____

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

Medical Financial Employment Academic Difficulty

Family Obligation Transferring – Name of Institution _____

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. I understand that should I wish to return I must reapply through the Admissions Office.

Student's Signature _____ DATE _____

Advisor's Name _____ Advisor's Signature _____ DATE _____

Please obtain signatures 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**

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

University Registrar/Designee _____ Date Processed _____

Comments

