



**UNIVERSITY OF THE VIRGIN ISLANDS**  
Access & Enrollment Services

**WITHDRAWAL FORM**

**OFFICE OF THE REGISTRAR**

Spring 20\_\_  Summer 20\_\_  Fall 20\_\_

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 \_\_\_\_\_

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	CRSE#	TITLE OF COURSE	CREDIT

**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

\_\_\_\_\_  
Instructor's Signature and Date

\_\_\_\_\_  
School/College Dean's Signature and Date

***OFFICE USE ONLY***

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

\_\_\_\_\_  
Date