

University of the Southern Caribbean WITHDRAWAL FORM

Procedure for Students Departing from USC

NOTE: This form MUST be done in duplicate.

NAME:	USC #:	DATE:	
GENDER: Male () Fema	ale () Pl	HONE NO	
DEGREE/PROGRAM:			
DATE ON WHICH YOU FIRST EN	ΓERED USC:		
RESIDENTIAL STATUS: DAY	DORM() M	ARRIED STUDENTS' COMPI	LEX()
SEMESTER WITHDRAWN: 1st (2 nd () 3 ^r	1 () School Year:	
Please check the appropriate brackets	below:		
A. Temporary Withdrawal for:	One Semester/Two Semes	ters Yes ()	lo ()
B. Permanent Withdrawal:		Yes ()	lo ()
Reasons for Withdrawal:			
Please obtain signatures from th			
Department/Office:	Signature, Stamp and Da		
<u> </u>	significantly with position of the second se		
Instructional Dept. Chairperson			
Library			
Residence Hall Deans (Dorm Students C	m(v)		
Residence Than Deans (Dorn State as C	my)		
VP, Academic Administration			
VP, Student Development			
Registrar's Office			
Student Finance Office		O 60°	
N.B. Please return a copy to Ms.	Campbell in the Admission	ons Office	