

# Non-Returning Notification

Student ID: \_\_\_\_\_

I, \_\_\_\_\_, hereby state that I will not be returning to  
**Southern Virginia University next semester.**

We are so sorry to see you go! Please let us know your reason(s) for leaving by checking all that apply:

- Academic     Financial     LDS Mission  
 Medical     Personal     Other (please specify) \_\_\_\_\_

Do you plan to return to Southern Virginia University?  yes  no If so, when? \_\_\_\_\_

Are you transferring to another institution?  yes  no

If so, where? \_\_\_\_\_

Please meet with and obtain the signature of a Financial Services advisor.

Financial Services Advisor Signature: \_\_\_\_\_

**I understand that I am bound by the terms of the tuition and fees policies as stated in the Southern Virginia University catalog. My transcript will be withheld until all of my University financial obligations are met.**

Student's Signature

Registrar's Signature

## Forwarding Information:

Name: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### OFFICE USE ONLY

Exit date and Reason Entered    Hold Entered    Classes Checked    Alert Sent    Initials: \_\_\_\_\_ Date: \_\_\_\_\_



**SOUTHERN  
VIRGINIA  
UNIVERSITY**

**Office of the Registrar**  
One University Hill Drive, Buena Vista, VA 24416  
Phone: (540) 261-4343 · Fax: (540) 261-4245