

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: _____

iPad Return 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