



SOUTHERN VIRGINIA UNIVERSITY

Office of the Registrar

One University Hill Drive • Buena Vista, VA • 24416 • Phone: (540) 261-4343 • Fax: (540) 261.4245

Non-Returning Notification

ID #: _____

I, _____, hereby state that I will not be returning to Southern Virginia University.
(Full Name: First, Middle, Last)

Please check all boxes that apply:

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

Do you plan to return to Southern Virginia University? _____ If so, when? _____

If you are transferring to another institution, which one? _____

Please meet with the following individuals and obtain their signature.

- Business Office Director _____
- Director of Financial Aid _____
- Dean of Students _____
- Housing Director(on campus students) _____
- Library Director _____
- International Student PDSO _____

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

Student's Signature		Date	
Class	Last date you attended	Class	Last date you attended
Class	Last date you attended	Class	Last date you attended
Class	Last date you attended	Class	Last date you attended

Forwarding Information:

Name: _____ Street: _____

City: _____ State: _____ Zip: _____ Phone: _____

OFFICE USE ONLY

<input type="checkbox"/> Exit date and Reason Entered	<input type="checkbox"/> Hold Entered	<input type="checkbox"/> Classes Checked	<input type="checkbox"/> Alert Sent	Initials: _____	Date: _____
---	---------------------------------------	--	-------------------------------------	-----------------	-------------