

Withdrawal from University
Registrar's Office Halifax NS B3M 2J6 (902) 457-6117 FAX (902) 457-6498 registration@msvu.ca

Students withdrawing from Mount Saint Vincent University (ceasing to attend classes and not intending to enroll in coursework during the current academic year) must complete this form, obtain all required signatures, submit the form to the Registrar's Office.

Student ID#	Last Name		First Name(s)		
Apartment/Street		Town/City	Province	Postal Code	
Program of Study	()_ Phone Numbe	r Email Addr	ress	·····	
f you wish to share	with us, we would lik	∢e to know the reason for w	withdrawal:		
Check all that apply	and obtain signatur	es as required:			
☐ I wish to withdraw from Residence		Room #	Signature of Housing Office	·	
□ Lhavo roturnod	all library books and	t cloared all library foos	Organical of Housing Officer		
☐ I have returned all library books and cleared a		i cleared all library rees.	Signature from Circulation E	Desk	
Date			Student Signature		
nave been complete Students <i>must</i> cont been completed an	ed. act Financial Service d make financial arra	es within two weeks from th	eived in the Registrar's Office and all he signing of this form to ensure all a tstanding balance. This includes tuit	djustments have	
olan and library fee	S.				
STUDENT ACCOU	INTS OFFICE:				
STUDENT ACCOUNT		Credit:	Owing:		
		Credit:	Owing:		
	Shows:	Credit:	Owing: Date		
Current Account	Shows:	Credit:			