

AINT VINCENT 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.

Stu	ident ID#	Last Name/Surname		First Name(s)/Given Name(s)	
Ара	artment/Street		Town/City	Province	Postal Code
		()			
Prc	gram of Study	Phone Number	Email Address		
lf y	ou wish to share w	ith us, we would like to kr	now the reason for with	drawal:	
Ch	eck all that apply a	nd obtain signatures as re	equired:		
	I wish to withdraw	r from Residence	Room #		
				Signature of Housing Officer	
	I have returned all library books and cleared a		d all library fees.		
				Signature from Circulation Des	šK
Da	te			tudent Signature	
	EASE NOTE: No ref		ntil this form is received	d in the Registrar's Office and all fina	ancial adjustments
bee				igning of this form to ensure all adjunding balance. This includes tuitior	
_					
	STUDENT ACCOUN	TS OFFICE:			
	Current Account Sh	nows: Cre	dit:	Owing:	

Financial Services Authorization

REGISTRAR'S OFFICE:		
Received & Processed:	Date	Initials

Date