



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 _____

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

Forwarding Information:

Name: _____ Street: _____

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

OFFICE USE ONLY

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