



Withdrawal Form

To be completed by all full-time students in Certificate/Apprenticeship/Diploma/Preparatory programs who leave the program before the scheduled completion date of the semester. *Students are encouraged to consult with counselling staff before completion of the form.

Student Number _____ Student Name _____

Address _____ City _____ Postal Code _____

Telephone Number _____

Campus _____ Program _____ Year _____

Please check off only one of the following

I am immediately withdrawing from my course/program and will not be completing the current semester/period of study.

Effective Date of Withdrawal _____ Authorized Signature _____

I am completing the current semester/period, but will not be returning for the next semester/registration period.

Effective Date of Withdrawal _____ Authorized Signature _____

Please indicate the reason for withdrawal. This information is required for statistical purposes.

- | | |
|---|---|
| <input type="checkbox"/> Personal | <input type="checkbox"/> Relocating |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Unable to Achieve Program Objectives |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Family Responsibilities |
| <input type="checkbox"/> Program Unsuitable | <input type="checkbox"/> Secured Employment |
| <input type="checkbox"/> Health Reasons | <input type="checkbox"/> Unable to Meet Program Requirements |
| <input type="checkbox"/> Transfer to Part-Time or Special Studies | <input type="checkbox"/> Transfer to Another Institution |
| <input type="checkbox"/> Transfer to Another Program | <input type="checkbox"/> Other _____ |

Program Name _____

Start Date _____

Student Signature _____ Date _____

Co-ordinator Signature _____ Date _____

Authorized by _____ Date _____

Program Chair

Student must bring the original and one copy of this form to the Registrar's Office.

Office Use Only

OSAP Yes No

HRDC Code _____

Sponsored _____

Refund to: Student

Bank

Other _____

No Show

Enroll Stat CD

Refund Processed

Billing Reduced

Fees Re-allocated

Forms Distributed