



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.

Please press hard when completing this form in order for information to appear on all pages.

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 _____ Student Signature _____

I am completing the current semester/period, but will not be returning for the next semester/registration period.
Effective Date of Withdrawal _____ Student 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"/> Family Responsibilities |
| <input type="checkbox"/> Program Unsuitable | <input type="checkbox"/> Secured Employment |
| <input type="checkbox"/> Medical Reasons | <input type="checkbox"/> Transfer to Another Institution |
| <input type="checkbox"/> Transfer to Part-Time or Special Studies | <input type="checkbox"/> Changing Program |
| <input type="checkbox"/> Other _____ | |

Student Signature _____ Date _____

Coordinator Signature _____ Date _____

Authorized by _____ Date _____

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