

Request for College Withdrawal

PLEASE PRINT — TO BE COMPLETED BY STUDENT INCOMPLETE OR INCORRECT INFORMATION WILL CAUSE DELAYS IN PROCESSING

RETRIEVAL INFORMATION

Ms Mr
 Miss Mrs

Last Name

First Name

Middle Name

Previous Name(s) (if applicable)

Student # _____

OSAP Recipient? Yes No

Current Mailing Address

Apt #

Street Address

City

Province

Country

Postal Code

Daytime Telephone #

Programs

Withdrawal Term

Campus Barrie Orillia Owen Sound Midland Muskoka Other _____

STATE SPECIFIC REASONS FOR WITHDRAWAL:

- Financial reasons _____
- To take employment _____
- To attend another _____
- Difficulties with program _____
- Personal (state) _____
- Health _____
- Other _____

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: The information on this form is collected under the legal authority of the Ministry of Colleges and Universities Act, R.S.O. 1980, Chapter 272, S.S.; R.R.O. 1980 Regulation 640. The information is used for administration and statistical purposes of the College and/or the Ministries and Agencies of the Government of Ontario and the Government of Canada. For further information, please contact the Registrar at the address and telephone number listed on this page.

I certify that the above information is true and complete. I have read and understand the Freedom of Information and Protection of Privacy Statement.

Requested:

Signature of Student _____ Date

Signature of Program Co-ordinator _____ Date

Signature of Counsellor _____ Date

Approved:

Registrar / Designate _____ Date

Effective Date _____ Refund Approved Specify _____

Please submit this form along with your student card, to the Office of the Registrar.

You will be notified if you are entitled to a refund.

For Office Use Only

Refund \$ _____ Refund \$ _____ Total \$ _____

Adjustments _____