WITHDRAWAL FORM



First Name	
Last Name	
Student ID Number	
Phone	
Email	
Address	
City	
Province	
Postal Code	
Program of Study: O Pharmacy Assistant O Lonit Clerk & Medical Office Assistant O Accounting & Payroll O Business Administration O Community Support Worker O Early Learning & Child Care	
Reasons For Withdrawal (Please Select All That Apply)	
ACADEMIC REASONS	PERSONAL REASONS
 Program does not meet expectations Struggling academically Transferring to another post-secondary Conflict with instructor or support staff Other academic (please specify): 	 Physical health Family distress Mental health or loss of motivation Travelling Other personal (please specify):
EMPLOYMENT REASONS	FINANCIAL REASONS
Found employment (not related to studies) Found employment (related to studies) Seeking employment Other employment (please specify):	 Insufficient student loans or financial assistance Financial assistance delayed Unexpected financial pressures Other financial (please specify):
INITIAL	
	wing from the College after the 4th day of scheduled e percentage of my tuition fees.
I understand that overdue accounts may be sent to a collection agency if appropriate arrangements for payment have not been made.	
I understand that if I am a recipient of provincial or federal student loans, any refund due to me may be sent to appropriate government agencies, including the National Student Loan Service Centre to repay a portion of my student loans	
Signature: Date:	
FOR OFFICE USE ONLY	