



NOTICE OF WITHDRAWAL

INSTRUCTIONS:

1. Obtain approval to withdraw from your Faculty Office.
2. Return the form to the Registrar's Office.
3. The Effective Date of Withdrawal will be the date of the Faculty Office signature.
4. NO FEE REFUNDS FOR WITHDRAWALS.

▶ **TO BE USED FOR COMPLETE WITHDRAWAL FROM SESSION CHECKED BELOW.**

NAME AND ADDRESS FOR FUTURE CORRESPONDENCE			I.D. NUMBER	FACULTY
Surname		Given Names		
Street Address				SESSION TO WHICH WITHDRAWAL APPLIES
City/Town	Province	Postal Code	<input type="checkbox"/> Fall/Winter _____, _____ (Sept.-April) <small>(year) (year)</small>	
Phone	Other Phone	Email	<input type="checkbox"/> Spring/Summer _____ (May-August) <small>(year)</small>	

LIST ALL COURSES FOR WHICH YOU ARE REGISTERED IN SESSION CHECKED ABOVE								
Office Use	F - Fall		W - Winter		P - Spring		S - Summer	
	Ses.	Course name (abbrev.)	Course Number	Lec. #	Lab. #	Tut. #	Rept.	

NOTE: If withdrawal is from Fall or Spring session, do you want the corresponding Winter or Summer session registration cancelled as well?

Yes. All courses will be dropped.

No. Registration for Winter/Summer will be retained.

If left blank, registration will be cancelled.

SCHOLARSHIPS, BURSARIES, GRANTS OR LOANS RECEIVED IN SESSION CHECKED ABOVE

Amount	Source
\$	
Amount	Source
\$	

REASON FOR WITHDRAWAL

Student Signature _____

yr | mo | dy

X

CLEARANCE SIGNATURES

1. FACULTY OFFICE

Signature _____

yr | mo | dy

Remarks _____

Effective Date of Withdrawal

yr | mo | dy

Registrar's Office Signature _____