

Mission: To inspire lifelong learning and leadership through experience, excellence, and innovation.

Vision: Transforming the future through innovative learning.

Values: We value learner success, integrity, respect, community, excellence and innovation.

## WITHDRAWAL FROM COLLEGE Middle Surname First **Previous** Female Male Permanent Address Town/City Postal Code Student ID Province Program Enrolled In Campus **VOLUNTARY WITHDRAWAL FROM COLLEGE** Dates of I hereby withdraw from all courses in which I am enrolled. I have Attendance returned all College property. Start End Date Date Student signature: Month Year Month Day Year Day Have you returned: Withdrawal Date: student ID card library materials lab equipment **REASON FOR WITHDRAWAL** Health Other (Please state) Academics Personal **Employment** Financial Are you sponsored? Do you have a student loan? No Yes No Yes Name of Lender Name of sponsoring agency **FINANCIAL AID & AWARDS** SIGNATURE/DATE SIGNATURE OF COUNSELLOR, ACADEMIC ADVISOR OR DEPARTMENT CHAIR IS REQUIRED Title Signature Date REQUIRED TO WITHDRAW FROM COLLEGE - OFFICE USE ONLY Dates of **REASON Attendance** Absenteeism Academic difficulties Nonpayment Start End of fees Date Date Year Month Day Year Month Day Reported by: Date: Registrar's Signature Comments **OFFICE USE ONLY - REFUND OF FEES** Forfeit tuition deposit No Semester I % Semester II % Total Refund Signature Date Notification to: Department Chair Information Technology Library Housing

The personal information on this form is collected under the authority of the Colleges Act and Section 32(c) of the Freedom of Information and Protection of Privacy Act. It is used to process your withdrawal from the College. Your withdrawal will be disclosed to sponsors or government loan granters. If you have any questions about the collection and use of this information, please contact the Registrar, 1-780-853-8429.