



Program Withdrawal Form

This form is to be completed by students to withdraw from credit program on or after the start of first class. Please submit completed and signed form to your Program Leader. **The email address used for submission must match the email address on the student record on file for validation purposes.**

Note: Discuss your withdrawal with your Program Leader. Read the college Fee Refund Policy.

Student ID:	Last name:	First Name:
Year:	Withdrawing from Academic Term (Check one): <input type="checkbox"/> Fall (Sep-Dec) <input type="checkbox"/> Winter (Jan-Apr) <input type="checkbox"/> Spring (May-Jun) <input type="checkbox"/> Summer (July-Aug)	
Phone Number:	Email:	
Program:		

Reason for Withdrawal (Select one):

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Personal/Family | <input type="checkbox"/> Employment | <input type="checkbox"/> Moved |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Child Care | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Transferred to Another Institution | <input type="checkbox"/> Other (Provide Reason): _____ | |

Do you intend to return to your program next term? Yes No

Did you have a discussion with your Program Leader? Yes No If not, why?

Student Declaration: This is to certify that any sums owing to the College of Technology Alberta have been paid and unused Technical Equipment has been returned. I understand that the effective date of the withdrawal is the date this Program Withdrawal form is received at the Office of the Registrar and the Tuition Fees refund policy will apply based on the date of withdrawal.

Signature: _____

Program Leader Name: _____

Date: _____

Signature: _____

Date: _____