



COURSE WITHDRAWAL FORM

Students: To withdraw from a credit course after the 12% completion mark, please complete and submit this form to your Program Leader (Chair or designate). **The email address used for submission must match the email address on the student record for validation.**

- **School of Business students:** You may withdraw from your classes directly in your portal up to 74% completion mark. If you withdraw from a course on or after 75%, you must complete and submit this form.

Refunds will not be issued after the 12% course completion mark has been reached. Please also be aware that:

- A withdrawal may impact your funding. Learn more by contacting the [Student Service Centre](#).
- **For international students:** Withdrawing from classes may impact your full-time student status. Studying part-time may impact your eligibility for a post-graduation work permit. [View eligibility](#).
- For extraordinary circumstances beyond a student's control (such as a critical medical condition or diagnosis), please submit a [Compassionate Withdrawal Form \(PDF\)](#).

Program Leader (Chair or designate): Please submit this form to the Records team in the Office of the Registrar once you have reviewed them.

| | | |
|------------------------------------|------------------------|-----------------|
| Student Name: (Last, First) | Student Number: | Program: |
| | | |
| Phone Number: | Email: | |
| | | |

Reason for Withdrawal (select one):

- | | |
|---|--|
| <input type="checkbox"/> Personal | <input type="checkbox"/> Comfort with instructor/classroom/peers |
| <input type="checkbox"/> Academic Difficulties | <input type="checkbox"/> Other (provide reason): |
| <input type="checkbox"/> Delivery Mode | |
| <input type="checkbox"/> Dissatisfied with course content | |
| <input type="checkbox"/> Financial | |
| <input type="checkbox"/> Medical | |

| TERM | COURSE NAME | COURSE NUMBER |
|------|-------------|---------------|
| | | |
| | | |
| | | |
| | | |

Are you funded or sponsored? Loan Grant Funded Sponsored _____
(Name of sponsoring agency)

Student Name: _____ **Signature:** _____ **Date:** _____
MM/DD/YY

Program Leader (Chair/Designate): _____ **Signature:** _____ **Date:** _____
MM/DD/YY

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