

International Students Program Withdrawal Form

Blue - International Education
Yellow - Accounts Receivable
Pink - Student Copy
Goldenrod - Student Relations

Withdrawal for Academic Semester: Fall Semester Winter Semester Summer Semester

ABOUT YOURSELF: Student Number: _____

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Address	City and Province	Postal Code
_____	_____	_____
Telephone Number	Cell Number	Email Address

YOU MUST COMPLETE THE FOLLOWING INFORMATION:

I WISH TO WITHDRAW FROM THE FOLLOWING PROGRAM: _____

CAMPUS: Progress Ashtonbee HP Morningside Centre for Creative Communications (CCC)

CHOOSE REASONS FOR WITHDRAWAL:

Academic	Non - Academic
<input type="checkbox"/> Program does not meet expectations <input type="checkbox"/> Academic difficulty <input type="checkbox"/> Transfer to other college or university	<input type="checkbox"/> Family <input type="checkbox"/> Health <input type="checkbox"/> VISA Denial <input type="checkbox"/> Other: _____

IMPORTANT: you must make an appointment to see either an International Manager or International Student Advisor and receive an approval prior to withdrawal.

PLEASE COMPLETE AND SIGN

I have paid in advance for the next semester	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am returning next semester	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have advised my Academic Advisor / Program Coordinator on Withdrawal	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Obtain signature from the Learning Resource Centre (LRC) X _____
LRC Signature

I am aware of the withdrawal deadlines listed in the current **Important Dates** calendar of academic dates, and I recognize that I am responsible for returning any college property that I might have in my possession. I also understand that this information is collected under the legal authority of the College and Universities Act, R.S.O. 1980, Reg. 640, and is used by the College for processing withdrawals. Any inquiries about this authorization may be directed to Enrolment Services, Centennial College.

Sign Here: X _____ Date: _____
Student Signature

Must be Completed by Agent Requesting Refund on Student Behalf	Must be Completed if Refund is Payable to a Third Party (e.g. Relative, Contact etc.)
Agent Name : _____	Name: _____
Agent No: _____	Address: _____
Company Name: _____	_____
	Phone No: _____
	E-mail: _____

FOR OFFICE USE ONLY

<input type="checkbox"/> Offer from alternate institution attached <input type="checkbox"/> VISA denial copy attached <input type="checkbox"/> Copy of plane ticket attached <input type="checkbox"/> Third party fees transfer document attached New entrant <input type="checkbox"/> Returning <input type="checkbox"/> <input type="checkbox"/> Student is applying from within Canada <input type="checkbox"/> Student is applying from home Country	International Rep: _____ Approved By: _____ REFUND LESS: _____ Date Signed: _____
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