

APPRENTICESHIP WITHDRAWAL/ DISCONTINUED TRAINING FORM

Date Stamp

White – Ministry
Pink – Enrolment Services
Blue – Accounts
Yellow – Student

- Before completing this form, you should consult your program co-coordinator to assist you with your withdrawal decision.
- To qualify for a refund you must withdraw on or before the third day of your in-school training. You will be refunded fees less \$155.00.
- Please make sure that you contact your training consult so they can reschedule your schooling.
- This form will not be processed without the Resource Centre's approval.

I WISH TO WITHDRAW FROM THE FOLLOWING PROGRAM:

Program Name: _____

ABOUT YOURSELF

SIN Number: ____|____| - ____|____| - ____|____|

Student Number: ____|____| - ____|____| - ____|____|

Legal Last Name): _____

First Name: _____

Middle Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (____) _____ Business Telephone: (____) _____

E-mail: _____

THE ABOVE-MENTIONED STUDENT/APPRENTICE HAS DISCONTINUED TRAINING FOR THE FOLLOWING REASON

SIGNATURE OF APPLICANT

DATE (day/month/year)

FOR OFFICE USE ONLY

Ceased training Student's withdrew by choice

Program Coordinator signature: _____ Resource Centre signature: _____