

## INTENT TO WITHDRAW FORM – DAY PROGRAMS

**IMPORTANT: PLEASE READ THIS PAGE CAREFULLY  
BEFORE COMPLETING THE ATTACHED FORM**

THIS FORM IS FOR:

- **Full-time** and **part-time** students registered in **day** programs

THIS FORM IS **NOT** FOR:

- **International students.** Please complete the BLUE form called *International Students – Program Withdrawal Form*. The forms are available at Enrolment Services and the International Centre.
- **School of Transportation Apprenticeship students.** Please complete the *Program Withdrawal Form – School of Transportation Apprenticeship Programs*. The forms are available at Enrolment Services (Ashtonbee).
- **Continuing Education students** enrolled in either day or night classes. Please complete the *Request for Academic Change ADD/DROP*. The forms are available at Enrolment Services.

WHAT IS THIS FORM?

The **Intent to Withdraw** form is for students contemplating withdrawal from their day program.

Centennial College is committed to your success, and we offer a range of services to support you in remaining at the college. We recognize that students encounter many challenges which may prevent you from successfully focusing on your studies (eg. financial, personal, program choices). We want to ensure that you make the best choice given your circumstances.

**Failure to complete ALL sections of this form may affect your ability to:**

- Avoid a Failing grade
- Complete your program at Centennial at a later date
- Transfer into another program at Centennial
- Re-enrol at Centennial, particularly if you have outstanding fees or fines with the Learning Resource Centre
- Obtain a copy of your academic transcripts
- **Remain in good standing with OSAP**

IMPORTANT INFORMATION

Consult the College's current **Important Dates** calendar for deadlines regarding withdrawals. The completed form **must be** received in Enrolment Services on or before the withdrawal deadline. Your form will be date stamped and a copy provided to you for your records.

At Step 2 of the form, you must identify the primary reason for withdrawing (academic or non-academic). **Choose only one.**

If you choose **Academic**, you must call or drop-in to the academic department office of your chosen program and ask to make an appointment with your Academic Advisor/Program Coordinator. **This is mandatory.**

If you choose **Non-Academic**, you must call or drop-in to your campus Career and Counselling office and ask to make an appointment with a Counsellor. **This is mandatory.** The Career and Counselling Offices are located at:

**Ashtonbee:** Room A111. Tel: (416) 289-5000, ext. 7252

**Centre for Creative Communications:** Room 285. Tel: (416) 289-5000, ext. 8648

**Centennial HP Science and Technology Centre:** Room 190. Tel: (416) 289-5000, ext. 8025

**Progress:** Room C2-01. Tel: (416) 289-5000, ext. 2627

# Intent to Withdraw Form - Day Programs

White - Enrolment Services  
Yellow - Accounts Receivable  
Blue - Student Relations  
Pink - Student Copy

**Withdrawal for Academic Semester:** Fall Semester  Winter Semester  Summer Semester

**STEP 1 - ABOUT YOURSELF:**

**Student Number:** \_\_\_\_\_

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

**STEP 2 – YOU MUST COMPLETE THE FOLLOWING INFORMATION:**

I INTEND TO WITHDRAW FROM THE FOLLOWING PROGRAM:

Program Name \_\_\_\_\_

**REASONS FOR WITHDRAWAL: MAKE CHOICES FROM ONE SECTION ONLY**

<input type="checkbox"/> Academic Section	<input type="checkbox"/> Non – Academic Section
<p><b>ACADEMIC:</b></p> <p><input type="checkbox"/> Program does not meet expectations</p> <p><input type="checkbox"/> Academic difficulty</p> <p><input type="checkbox"/> Language difficulty</p> <p><input type="checkbox"/> Transfer to other college or university</p> <p><input type="checkbox"/> Return to high school</p> <p><input type="checkbox"/> Other academic</p> <p><b>Obtain signature from Academic Advisor / Program Coordinator</b></p>	<p><b>PERSONAL:</b></p> <p><input type="checkbox"/> Health</p> <p><input type="checkbox"/> Career goals changed</p> <p><input type="checkbox"/> Family distress</p> <p><input type="checkbox"/> Loss of motivation</p> <p><input type="checkbox"/> Other personal</p> <p><b>FINANCIAL:</b></p> <p><input type="checkbox"/> Financial Pressure</p> <p><input type="checkbox"/> Applied to OSAP but no financial assistance awarded</p> <p><input type="checkbox"/> Insufficient financial assistance form OSAP</p> <p><input type="checkbox"/> Other Financial</p> <p><b>EMPLOYMENT:</b></p> <p><input type="checkbox"/> Employment not related to your program</p> <p><input type="checkbox"/> Employment related to your program</p> <p><input type="checkbox"/> Seeking employment</p> <p><input type="checkbox"/> Other</p> <p><b>Obtain signature from Counsellor</b></p>

**STEP 3 – COMPLETED SESSION WITH ACADEMIC ADVISOR / PROGRAM COORDINATOR OR COUNSELLOR:**

<p style="text-align: center;"><b>Academic</b></p> <p>_____ Academic Advisor / Program Coordinator Signature</p> <p style="text-align: right;">_____ Date</p>	<b>OR</b>	<p style="text-align: center;"><b>Non-Academic</b></p> <p>_____ Counsellor Signature</p> <p style="text-align: right;">_____ Date</p>
---	-----------	---

**TO BE COMPLETED BY STUDENT:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| I have received and read the LRC exit summary  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I have received and read the OSAP exit summary | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 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 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 \_\_\_\_\_  
Student Signature

Date: \_\_\_\_\_

**IMPORTANT: You are considered officially withdrawn when you submit this form to Enrolment Services with BOTH (a) Student signature and (b) Academic Advisor/Program Coordinator or Counsellor signature by withdrawal deadline.**

DATE FORM RECEIVED	OFFICE USE ONLY	REFUND AMOUNT
	<p>New entrant <input type="checkbox"/>      Returning <input type="checkbox"/></p> <p>Student on OSAP    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>Notes: _____</p> <p>_____</p> <p>_____</p> <p>Approved By: _____</p> <p>Date: _____</p>	<p>Records Rep: _____</p> <p>Date completed: _____</p>