

# Student Program Withdrawal Form



## STUDENT INFORMATION

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Phone: \_\_\_\_\_

ASN: \_\_\_\_\_

Current Program of Study: \_\_\_\_\_

- ☐ I am withdrawing from my program and will not be completing my current term of study. I understand by doing so I will be withdrawing from all registered courses for this term, and that in order to be re-admitted to the College, I will need to re-apply.
- ☐ College Office in case of Student never attended

Effective Date of Withdrawal (Date the form is submitted or received by the Office of the Registrar): \_\_\_\_\_

College/ Student Signature: \_\_\_\_\_ (MM/DD/YY)

**Please indicate one of the following reasons for withdrawal. Please note that this information is only required for statistical and reporting purposes.**

- |   |  |
|---|--|
| <input type="checkbox"/> Personal           | <input type="checkbox"/> Changed career goals                      |
| <input type="checkbox"/> Financial          | <input type="checkbox"/> Transfer to another institution           |
| <input type="checkbox"/> Medical reasons    | <input type="checkbox"/> Not satisfied with classes or instruction |
| <input type="checkbox"/> Family reasons     | <input type="checkbox"/> Program too difficult                     |
| <input type="checkbox"/> Secured employment | <input type="checkbox"/> Never Attended: _____                     |
| <input type="checkbox"/> Unsuitable program | <input type="checkbox"/> Other: _____                              |

## Office Use Only

- ☐ COR updated
- ☐ Tuition Received – YES ☐ NO ☐
- ☐ Never Attended
- ☐ Tuition Refunded - \_\_\_\_\_ % = \$ \_\_\_\_\_
- ☐ Comments: \_\_\_\_\_

\_\_\_\_\_  
City College Finance Office/Representatives

\_\_\_\_\_  
Signature Date

Please submit electronically to [info@city-college.ca](mailto:info@city-college.ca) or in Person to the Office of the College Registrar

## Consent Regarding My Personal Information

The personal information collected on this form or in conjunction with this form is collected under the authority of the Freedom of Information and Protection of Privacy Act (Alberta) and the Post-Secondary Learning Act (Alberta). This personal information is required to administer my enrolment in courses at City College of Management (the "College"). For more information regarding the collection or use of your personal information, contact the Office of the Registrar at 330-3770 Westwinds Dr. NE, Calgary, Alberta, T3J 5H2. Phone 403-471-9493. I hereby consent to the collection and disclosure of my personal information as described above.