



THIS SECTION TO BE COMPLETED BY THE STUDENT Please PRINT clearly and press firmly. You are making 3 copies. The last one is yours.

Refunds for college programs and courses are processed in accordance with the published College Refund Policy. Please see College Calendar for details.

STUDENT NUMBER	20 _____	<input type="checkbox"/> FALL	<input type="checkbox"/> WINTER	<input type="checkbox"/> SPRING
STUDENT NAME		SEMESTER:		
STUDENT EMAIL				
CHEQUE IS TO BE MAILED TO THE FOLLOWING ADDRESS:		CITY	PROV.	POSTAL CODE
PHONE NO. ()		DATE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM
STUDENT'S SIGNATURE _____				

PROGRAM: _____

<input type="checkbox"/> Continuing Education <i>(Only list courses registered with Con-Ed)</i>	#1 COURSE CODE _____	SECTION # _____
	#2 COURSE CODE _____	SECTION # _____
	#3 COURSE CODE _____	SECTION # _____
	#4 COURSE CODE _____	SECTION # _____

Reason for Withdrawal:

<input type="checkbox"/> FINANCIAL PRESSURE	<input type="checkbox"/> NOT COPING WITH THE PROGRAM	<input type="checkbox"/> LEFT TO TAKE A JOB	<input type="checkbox"/> PERSONAL
<input type="checkbox"/> ANOTHER SCHOOL	<input type="checkbox"/> HEALTH (Inc. Death)	<input type="checkbox"/> COURSE CANCELLED	<input type="checkbox"/> UNKNOWN
<input type="checkbox"/> OTHER			

Post-Secondary Students will receive a refund of the amount paid, less a non-refundable administrative fee, when an official withdrawal form is received by the Registrar's Office within the first ten (10) days of the semester.

- I understand that if I am withdrawing from the College after the first ten (10) days of classes, no money is refunded for the semester.
- I understand that if I am withdrawing from the College after the first ten (10) days of classes and my fees have not been paid in full, the fees must be paid.
- I understand that overdue accounts will be sent to a collection agency if arrangements for payment have not been made.
- I understand that if I am in receipt of OSAP funds, any refund due to me will be sent back to the National Student Loan Service Centre to repay a portion of my student loan (DOMESTIC STUDENTS ONLY).
- Failure to attend class does not constitute a withdrawal from the College and students will be liable for all fees.

Comments: _____

REGISTRAR'S /FINANCIAL AID OFFICE

Are fees to be refunded?	<input type="checkbox"/> POST SECONDARY	<input type="checkbox"/> APPRENTICE	<input type="checkbox"/> CONTINUING EDUCATION	<input type="checkbox"/> OSAP STUDENT
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please indicate which fees are to be refunded.			<input type="checkbox"/> Confirmation/ Administration
				<input type="checkbox"/> Tuition

Amount \$ _____ Print Name _____ Signature: _____

Date: _____

Comments: _____

CONTINUING EDUCATION OFFICE: If applicable, have the books been returned? Yes No

Comments: _____

After investigation, I concur Yes No Authorized Signature: _____ Date: _____

FINANCE DEPARTMENT: A refund in the amount of \$ _____ is being forwarded as authorized above REFUND DISALLOWED, per College policy.

Signed: _____ Date: _____