

To be used by part-time students wanting to withdraw from one or more course(s)

PERSONAL IDENTIFICATION			
Student ID number		Date of Birth (mm/dd/yyyy)	Email
Last name (Family name) (Previous last name)		First name (Given name)	Middle name
Address		Home phone number (10 digits)	
City	Province	Postal code	Cell phone number (10 digits)

OSAP Recipient?  Yes  No    International Student?  Yes  No

After the stated deadline no refund will be provided and students will be responsible for paying any outstanding balances on their account. Please submit this form to the Office of the Registrar. Forms submitted after the withdrawal deadline will not be processed. Check dates on the website, each course identifies withdrawal deadlines.

**COURSE WITHDRAWAL REQUESTED:**

CRN (five digit number)	Course and subject number, ie., (LANS 0010)	Course name

**STATE SPECIFIC REASONS FOR WITHDRAWAL**

- |                                                                         |                                                                                     |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Financial reasons                              | <input type="checkbox"/> Personal                                                   |
| <input type="checkbox"/> Offered employment                             | <input type="checkbox"/> Health                                                     |
| <input type="checkbox"/> To attend another school                       | <input type="checkbox"/> To attend another program at Georgian                      |
| <input type="checkbox"/> Difficulties with program                      | <input type="checkbox"/> To return home                                             |
| <input type="checkbox"/> Wrong program fit/not the right program for me | <input type="checkbox"/> Georgian Learning Guarantee <input type="checkbox"/> Other |

**ADDITIONAL INFORMATION:** \_\_\_\_\_

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT:** Georgian College is compliant with the Freedom of Information and Protection of Privacy Act (FIPPA), 1990, and endeavors to treat your personal information in accordance with this law. The personal information requested on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and in accordance with Sections 38(2) and 41(1) of FIPPA. The information provided will not be used for any purposes other than the administration and evaluation of requests for part-time withdrawal.

For further information about the information requested on this form or the purpose for which it will be used, please contact the Office of the Registrar at [Registrar@GeorgianCollege.ca](mailto:Registrar@GeorgianCollege.ca) or 705.722.1511; for more information about FIPPA, please contact the Access and Privacy office at [AccessPrivacy@GeorgianCollege.ca](mailto:AccessPrivacy@GeorgianCollege.ca) or 705.728.1968 ext., 5770.

Signature of student \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

For Office Use Only	
Registrar/Designate _____	Date _____
Effective Date: _____	Refund Approved <input type="checkbox"/> Specify _____
Refund \$ _____	Financial Aid <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> Accounting _____
Adjustments _____	Yes No