



PROGRAM WITHDRAWAL FORM

FOR DOMESTIC AND INTERNATIONAL STUDENTS

1. Complete the form and meet with your school chair for their signature. Form MUST be filled out using Adobe Acrobat. Do not use Apple Preview.
2. Please deliver the completed form to your enrolment officer within ONE business day of the final signature (school chair).

STUDENT INFORMATION

SELKIRK COLLEGE STUDENT ID DOMESTIC INTERNATIONAL STUDENT LOAN

Legal First Name: Legal Last Name:

PROGRAM INFORMATION

Program Name:

REASONS FOR WITHDRAWING (CHOOSE ALL THAT APPLY)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Heavy course load | <input type="checkbox"/> Schedule did not meet my needs | <input type="checkbox"/> Work obligations | <input type="checkbox"/> Lack of finances |
| <input type="checkbox"/> Course was not for me | <input type="checkbox"/> The quality of the course | <input type="checkbox"/> Family/personal obligations | <input type="checkbox"/> Change of program/course |
| <input type="checkbox"/> Not academically prepared | <input type="checkbox"/> I was required to withdraw | <input type="checkbox"/> I just need a break | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Too difficult for me | <input type="checkbox"/> My health | <input type="checkbox"/> Lack of personal motivation | _____ |

DID YOU CONTACT SELKIRK COLLEGE'S SUPPORT SERVICES TO DISCUSS YOUR SITUATION BEFORE WITHDRAWING?
(E.G., COUNSELLING, FINANCIAL AID, ACCESSIBILITY SERVICES, INDIGENOUS SERVICES, LEARNING SUCCESS CENTRE)

- YES
 NO

Comments:

By signing below, I am authorizing all changes identified on this form and I understand that I am responsible for any additional fees resulting from these changes.

_____ STUDENT NAME	_____ STUDENT SIGNATURE	_____ DATE SIGNED
_____ SCHOOL CHAIR NAME	_____ SCHOOL CHAIR SIGNATURE	_____ DATE SIGNED
_____ *COUNSELLOR NAME	_____ COUNSELLOR SIGNATURE	_____ DATE SIGNED

*Counsellor recommended, but not required.