

PROGRAM WITHDRAWAL FORM

FOR DOMESTIC & 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).

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Rob Schwarzer, School of Industry & Trades
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STUDENT INFORMATION

SELKIRK COLLEGE STUDENT ID

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

DID YOU CONTACT SELKIRK COLLEGE'S SUPPORT SERVICES TO DISCUSS YOUR SITUATION BEFORE WITHDRAWING?
(E.G. COUNSELLING, FINANCIAL AID, ACCESSABILITY 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