



PROGRAM WITHDRAWAL OR DISCONTINUANCE FORM

FOR DOMESTIC AND INTERNATIONAL STUDENTS

1. Form MUST be filled out using Adobe Acrobat. Do not use Apple Preview.
2. Please deliver the completed form to your enrolment officer.

STUDENT INFORMATION

SELKIRK COLLEGE STUDENT ID DOMESTIC INTERNATIONAL STUDENT LOAN

Legal First Name: Legal Last Name:

PROGRAM INFORMATION

Program Name: Effective term:

Are you: Withdrawing from the current term Discontinuing studies in a future term

REASONS FOR WITHDRAWING (CHOOSE ALL THAT APPLY)

- Personal Academic Difficulty Transferring to another institution: _____
- Medical Program did not meet expectations _____
- Financial Changing programs within Selkirk College Other: _____

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

YES NO

Comments:

By signing below, I am authorizing all changes identified on this form and I understand that withdrawing may result in a full, partial or zero refund, depending upon submission date, per policy 8616.

STUDENT NAME	STUDENT SIGNATURE	DATE SIGNED
SCHOOL CHAIR/PROGRAM COORDINATOR NAME	SIGNATURE	DATE SIGNED
*COUNSELLOR NAME	SIGNATURE	DATE SIGNED

*Counsellor recommended, but not required.