

CONTINUING STUDIES

Request to Withdraw from a Continuing Studies Certificate Program

<u>REFUND POLICY:</u> Registered students withdrawing prior to the start of certificate programs will be subject to a \$200 non-refundable fee. It is the student's responsibility to be informed about refund policies and to contact Continuing Studies in writing when withdrawing.

Please print					
Student ID #:					
Name:(last name)				(first name(s))	
· · · ·				(60	
Mailing Address	(street)	(city/town)	(provir	 nce)	(postal code)
Phone Number					
Request withdraw	al from (name of	certificate):			
Reason for withdra	awal (attach off	icial documenta	ation):		
Student's Signature				Date:	
		Offic	e Use Only		
Program Coordinator	Recommendation	:YES _	NO	PC Initials:	
Comments:					
Associate Director Signature:				Date:	
Refund Authorized:					
		PLEASE SELE	CT YOUR C	AMPUS	
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