FALL 2017 STRIKE WITHDRAWAL REQUEST

Tuition Refund for Program Withdrawals

To be completed by student:		
Name:		**Student ID#:**
Program:	**OSAP:** ☐ **Yes** ☐ **No**	**Date:**

Request for Program Withdrawal:

Completed by the Enrolment Centre			
Tuition Refund	**Amount**	**W Grade**	**Approved/ Denied**

Note: This form must be fully completed and submitted to the Office of the Registrar. Students will be refunded fees in keeping the Ministry of Advanced Education and Skills Development Fall 2017 Strike Tuition Fee Refund Policy.

Reason for Request:

☐ *I understand that re-admission to the program will be not be guaranteed.*

X

Student Signature **Date**

To be Completed by the Enrolment Centre:	
☐ Completed by: ☐ Verified Registration ☐ Adjusted Fees ☐ Set up for Returning Semester	**Approval of the Registrar:** X