

Student Course Withdrawal Form

Student Last Name:		Student First Name:	
Date of Birth		Student ID:	
Course:			
Start Date of Course		Finish Date of Course	
Student Course Withdrawal Reason	(Attach further details if this is insufficient space)		
Date of Withdrawal:		Student Signature	

Completed form with all of the attachments must be submitted to Student Administration for Final Approval.

STUDENT ADMINISTRATION USE ONLY

Date Student Last Attended a Class: _____

Final Fee Notice Issued:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Entered on PRISMS:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Entered: _____
Letter from New Provider Received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	New eCoE		Admin Signature: _____

Reason Accepted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Approved by Student Administration Manager	
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Documents issued:			
<input type="checkbox"/> Certificate of Attendance (Date issued _____)			
<input type="checkbox"/> Statement of Attainment for withdrawal of course (Date issued _____)			
<input type="checkbox"/> Release Form for withdrawing from a Course and Changing Providers			
Withdrawal Entered on SMS:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Entered By:	Date: