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:	❑ Yes ❑ No	**Entered on PRISMS:**	❑ Yes ❑ No	**Date Entered**: _____
Letter from New Provider Received?	❑ Yes ❑ No	**New eCoE**		**Admin Signature:** _____
Reason Accepted:	❑ Yes ❑ No	**Approved by Student Administration Manager**		

Documents issued:

☐ Certificate of Attendance (Date issued _____)

☐ Statement of Attainment for withdrawal of course (Date issued _____)

☐ Release Form for withdrawing from a Course and Changing Providers

Withdrawal Entered on SMS:	❑ Yes ❑ No	**Entered By:**		**Date:**

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