9260 140th Street
Surrey, B. C. V3V 5Z4
Phone: 604-583-4040
Fax: 604-583-5600

Course Withdrawal Form

Student Name: ____
Address: ____
Phone: ____

Course Title: ____
Student Number: ____
Date: ____

Reason for Withdrawal Request:

____
____
____
____
____
____

>>>

For Office Use Only:

Approved: Yes _____ No _____

____________________________________ ____________________

Signature of College Principal Date

Refund: As per policy
Yes _____ No _____

If yes, copy of letter and receipt are stapled to this form.
Completed by: ____

PLEASE MAKE A PHOTOCOPY AND HAND INTO CLERK TYPIST