

To be used by full-time students wanting to withdraw from all courses in a term

PERSONAL IDENTIFICATION			
Student ID number	Date of Birth (mm/dd/yyyy)	Email	
Last name (Family name) <small>(Previous last name)</small>		First name (Given name)	Middle name
Address		Home phone number (10 digits)	
City	Province	Postal code	Cell phone number (10 digits)

OSAP Recipient?  Yes  No    International Student?  Yes  No

After the 10th day of the term no refund will be provided and student will be responsible for paying any outstanding balances on their account. Please submit your form to [Registrar@GeorgianCollege.ca](mailto:Registrar@GeorgianCollege.ca)

PROGRAM INFORMATION		Year in Program	Semester (i.e. 3)	Term
PROGRAM (MAJOR)	CAMPUS	<input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4		<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer

**STATE SPECIFIC REASONS FOR WITHDRAWAL**

- |   |   |
|---|---|
| <input type="checkbox"/> Financial reasons<br><input type="checkbox"/> Offered employment<br><input type="checkbox"/> To attend another school<br><input type="checkbox"/> Difficulties with program<br><input type="checkbox"/> Wrong program fit/not the right program for me | <input type="checkbox"/> Personal<br><input type="checkbox"/> Health (supporting documents to follow)<br><input type="checkbox"/> To attend another program at Georgian<br><input type="checkbox"/> To return home<br><input type="checkbox"/> Georgian Learning Guarantee <input type="checkbox"/> Other |
|---|---|

**ADDITIONAL INFORMATION:** \_\_\_\_\_

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT:** Georgian College is compliant with the Freedom of Information and Protection of Privacy Act (FIPPA), 1990, and endeavors to treat your personal information in accordance with this law. The personal information requested on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and in accordance with Sections 38(2) and 41(1) of FIPPA. The information provided will not be used for any purposes other than the administration and evaluation of requests for college withdrawal.

For further information about the information requested on this form or the purpose for which it will be used, please contact the Office of the Registrar at [Registrar@GeorgianCollege.ca](mailto:Registrar@GeorgianCollege.ca) or 705.722.1511; for more information about FIPPA, please contact the Access and Privacy office at [AccessPrivacy@GeorgianCollege.ca](mailto:AccessPrivacy@GeorgianCollege.ca) or 705.728.1968 ext., 5770.

DOMESTIC REQUIREMENTS	INTERNATIONAL REQUIREMENTS
Signature of student _____ Date (mm/dd/yyyy) _____	Signature of student _____ Date (mm/dd/yyyy) _____
Signature of program co-ordinator _____ Date (mm/dd/yyyy) _____	Signature of counsellor _____ Date (mm/dd/yyyy) _____
Signature of counsellor _____ Date (mm/dd/yyyy) _____	Signature of International office _____ Date (mm/dd/yyyy) _____

<b>For Office Use Only</b>	
Registrar/Designate _____	Date _____
Effective date: _____	Refund approved <input type="checkbox"/> Specify _____
Refund \$ _____	Financial Aid <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> Accounting _____
Yes No	
Adjustments _____	

**Submit from your Georgian College email to:** [Registrar@GeorgianCollege.ca](mailto:Registrar@GeorgianCollege.ca)

Dated: Feb. 23/21, V1