

## WITHDRAW FROM COURSE OR PROGRAM

After last day to add/drop, obtain chair (& if a Husky, athletic director)'s signature, then email completed form to: <a href="Student.Advisors@keyano.ca">Student.Advisors@keyano.ca</a>

| LAST NAME (LEGAL)   |   | FIRST NAME (LEGAL)  |  |                                       | STUDENT ID #  |  |
|---|---|---------------------|--|---------------------------------------|---|--|
| *   | ,   | *                   |  |                                       | *   |  |
| ADDRESS   |   |                     | CITY   | PROVINCE                              | POSTAL CODE   |  |
| PHONE # PRO   | OGRAM   |                     | SPONSORING AGI                                       | ENCV (if applicable)                  |   |  |
| * *   | JGRAIN  |                     | SPONSORING AGI                                       | ENCY (II applicable)                  |   |  |
|   |   |                     |  |                                       |   |  |
| _ ``  | n affect eligibility for housing, ath                             | iletics, loans, and |  |                                       |   |  |
| ☐ International Student   | ☐ Keyano Housing  |                     | ☐ Student Athle                                      | te ☐ Stud                             | ent Loan or Sponsorship   |  |
|   | ve reviewed the <u>Academic S</u><br>a course or a program with a |                     |  |                                       | last day to add/drop classes, the and other important dates.  |  |
| ☐ I want to remain a  | a student but withd   | draw from           | the followin   | g course(s):                          |   |  |
| YEAR TERM (Summ / Winter / Sprir  | er / Fall COURSE CODE   | SECTION             | COURSE NAME  | · · · · · · · · · · · · · · · · · · · |   |  |
|   |   |                     |  |                                       |   |  |
|   |   |                     |  |                                       |   |  |
|   |   |                     |  |                                       |   |  |
|   |   |                     |  |                                       |   |  |
|   |   |                     |  |                                       |   |  |
| ☐ Leave Program and wit ☐ Withdraw from the follow ☐ Fall ☐ Wint PLEASE NOTE: If you are not a REASON FOR DROP/WITHDF | ter ☐ Spring ☐ S<br>registered in any classes for                 | Summer              | And return in the follo Fall year, you will be re    | ☐ Winter ☐                            |   |  |
| ☐ Academic difficulty   | ☐ Employment  |                     | ☐ Medical (doctor'                                   | s note req'd)                         |   |  |
| Course delivery format  | ☐ Financial   | L                   | Study permit   | Ļ                                     | Time conflict   |  |
| ☐ Course expectation ☐ Course load/overload   | <ul><li>☐ Lack of interest</li><li>☐ Late registration</li></ul>  | L                   | ☐ Personal   |                                       | Other (please explain)  |  |
| Gourse load/overload  | Late registration   |                     |  |                                       |   |  |
|   |   |                     |  |                                       |   |  |
| information presented. I understand   |   | "W" may appear or   | ı my transcript. İ am res<br>owing to the College as | ponsible for understandin             | charges based on the accuracy of the g how my withdrawal from classes will thdrawal must be paid in full prior to |  |
| STUDENT SIGNATURE (not required if submitting this form and supporting documentation from your keyanomail account)    |   |                     |  |                                       | DATE  |  |
| APPROVED BY (PROGRAM CHAIR)   |   |                     |  |                                       | DATE  |  |
| IF A HUSKY ATHLETE, ATHLETIC DIRECTOR   |   |                     |  |                                       | DATE  |  |
| Office of the Registrar   | Use Only  |                     |  |                                       |   |  |
| CHANGE IN STUDENT STATUS  | _   | _                   | NOTIFICATION   | _                                     | _   |  |
| ☐ No change   | ☐ Full-time to Part-time  |                     | ☐ Housing  | ☐ Funding                             |   |  |
| RECEIVED BY   | DATE  | F                   | PROCESSED BY   | DAT                                   | E   |  |

The personal information requested on this form is collected under the authority of section 65 of the Post-Secondary Learning Act and section 33© of Alberta's Freedom of information and Protection of Privacy Act and will be used for the purpose of admission, registration, issuing income tax receipts, scholarships and award, convocation, sending education information, library services, emergency notification, and for college research and planning. Certain personal information will also be disclosed to Statistics Canada to comply with the Statistics Act, Alberta Advanced Education to meet reporting requirements; Alberta Human Services for determining and monitoring student eligibility for their services; work experience and practicum sites to set up appropriate placements; Students' Association for the purposes of membership and information sharing; Syncrude Sport & Wellness Centre for the purposes of membership, Student Academic Support Services for the purposes continuous improvement of student academic success. For information about the collection and use of this information, contact the Registrar.