

LAST NAME (LEGAL) <small>*</small>	FIRST NAME (LEGAL) <small>*</small>	STUDENT ID # <small>*</small>	
ADDRESS <small>*</small>	CITY <small>*</small>	PROVINCE <small>*</small>	POSTAL CODE <small>*</small>
PHONE # <small>*</small>	PROGRAM <small>*</small>		

Notice of: Withdrawal Suspension Dismissal

<input type="checkbox"/> All courses	TERM	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
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REASON FOR WITHDRAWAL

<input type="checkbox"/> Academic difficulty	<input type="checkbox"/> Financial	<input type="checkbox"/> Pursue other vocational or career goals
<input type="checkbox"/> Course delivery format	<input type="checkbox"/> Lack of Interest	<input type="checkbox"/> Relocation
<input type="checkbox"/> Course expectation	<input type="checkbox"/> Medical	<input type="checkbox"/> Work Conflict
<input type="checkbox"/> Course load	<input type="checkbox"/> No Study Permit	
<input type="checkbox"/> Employment	<input type="checkbox"/> Personal/family	<input type="checkbox"/> Other: _____

Please Note: Courses cannot be dropped past the withdrawal deadline. Please refer to the posted Academic Schedule. Forms submitted past the withdrawal deadline will not be processed.

Comments – Attach any supporting documentation

Authorization: I authorize Keyano College to withdraw me from the College, and accept full responsibility for any tuition charges based on the accuracy of the information presented. I understand the refund policy and that a grade of “W” or “WF” will appear on my transcript. I am responsible for understanding how my withdrawal from classes will affect my financial aid and housing status. In addition, any balance owing to the College as a result of this withdrawal must be paid in full prior to enrolling in a future semester.

SIGNATURE	DATE
APPROVED BY (DEAN/PROGRAM CHAIR)	DATE
ADVISOR CONSULTATION / ATHLETIC DIRECTOR	DATE

Office of the Registrar Use Only			
RECEIVED BY	DATE	PROCESSED BY	DATE
NOTIFICATION			
<input type="checkbox"/> Housing	<input type="checkbox"/> Funding	<input type="checkbox"/> SSWC	<input type="checkbox"/> Athlete

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.