

Student Information

Student Name: _____ Student No. : _____
 Email: _____ Telephone: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____

Choose one of the following options:

Withdrawal from Full-Time Program	Program Name:		Reason for Withdrawal:	
Transfer to another St. Lawrence Full-Time Program	Current Program:	New Program:	Date Effective:	
Full-Time to Part-Time Status Change	Program Name:		Course(s) Dropped:	
Special Circumstances	Brief Explanation:			

Please be advised that status changes may result in changes to your OSAP entitlement.

Last Date of Attendance: _____

Today's Date: _____

Student Signature *Required* _____

Freedom of Information This information is collected and used under the authority of the Ontario Colleges of Applied Arts and Technology Act, R.S.O. 2002, and regulations thereunder for the purpose of formally withdrawing from a program.

TO BE COMPLETED BY ST. LAWRENCE COLLEGE STAFF ONLY

Student Success Facilitator	Registration Services
Student Appointment Date: _____ Scenario: _____ Recommendation: _____ Employee Signature: _____	Checklist: <input type="checkbox"/> Student Card (first 10 days) <input type="checkbox"/> Applied to Graduate <input type="checkbox"/> Carryover Courses: _____ <input type="checkbox"/> Term Activate <input type="checkbox"/> Term History <input type="checkbox"/> Non-Refundable Deposit Posted: \$ _____ <input type="checkbox"/> Program Plan
Registration Services Official Withdrawal Change Date: _____ Term: _____ Number of Courses: _____ % of full-load hours: _____ Eligible for Refund: _____ Amount: \$ _____ Employee Signature: _____ Date: _____ Complete if Part-Time ONLY Courses still enrolled in: _____ _____	Refund Processed for: <input type="checkbox"/> Student: \$ _____ <input type="checkbox"/> OSAP: \$ _____ <input type="checkbox"/> Sponsor: \$ _____ Initial: _____ Date: _____