

**Student Information**

Student Name: _____	Student No.: _____
Email: _____	Date of Birth: _____
Address: _____	Telephone: _____
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 New Program 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. If you are considering applying to a new program, please speak with our Recruiting Team for information on how to apply.

Last Date of Attendance if Withdrawing: _____	Today's Date: _____
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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 an academic program.

**TO BE COMPLETED BY ST. LAWRENCE COLLEGE STAFF ONLY**

Academic Advisor	Registration/Enrollment Services
Date Written Request Received from Student: _____	Withdrawal Change Date: _____
Recommendation: _____	Term: _____ # of Courses: _____
	% of full-load hours: _____
Employee Signature: _____	Eligible for refund: _____ Amount: \$ _____
	Complete section IF student dropped to Part-Time
Date: _____	Courses still enrolled in: _____
<b>Financial Aid</b>	<u>Checklist:</u>
	Student Card (first 10 days) _____ Term Activate _____
<b>OSAP:</b>	Applied to Graduate _____ Term History _____
Refund to:	Program Plan _____
National Student Loan Service Centre \$ _____	Carryover courses _____
Student \$ _____	Non-Refundable Deposit Posted: \$ _____
AFT \$ _____	<u>Refund Processed for:</u>
CIFS update _____	Student _____ Sponsor _____
Employee Signature: _____	OSAP _____
Date: _____	Employee Signature: _____
	Date: _____