

### 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: _____ |
|---|---------------------|

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

| Student Success Facilitator                       | 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: _____  |