

Office of the Registrar

Telephone: (416) 491-5050 ext. 22800
Email: pereg@senecacollege.ca
Important Academic Dates: senecacollege.ca/registrar/dates

Seneca

Withdrawal Form: Part-time Studies

PLEASE PRINT CLEARLY

Student Number

Year/Term

Please Check: [ ] -> I have read the Withdrawal/Academic Standing and Fee Refund Policy: www.senecacollege.ca/academic-policy/appa.html

Last Name

First Name

Street Address

Apt. / Unit No.

City / Town

Province

Postal Code

Home Telephone

Business Telephone

Part-Time course(s) you wish to withdraw from:

Table with columns: Course Code, Start Date, End Date, # Of Sessions Per Week. Includes 3 numbered rows for course entry.

REASON(S) FOR WITHDRAWAL Your reason for withdrawal matters to us. Please check the appropriate reason.

- Illness
Other commitments (family, work schedule, time change, etc.)
Moved/relocated
Change in calendar (change in day of week, change in time, etc.)
Unhappy with instructor
Other - Please specify. Your feedback is essential for us to identify areas of improvement.

You may not attend and/or participate in any further classes once you have withdrawn.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Personal information on this form is collected in accordance with sections 21, 39 and 49 of the Freedom of Information and Protection of Privacy Act and under the legal authority of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, and the Ontario Colleges of Applied Arts and Technology Act, 2002, Regulation 34/03, and may be used and/or disclosed for administrative, statistical and/or research purposes of the College and/or the ministries or agencies of the Government of Ontario and the Government of Canada.

I have read the above statement and hereby authorize the release of information contained herein to the above mentioned.

Student Signature: Date:

FOR OFFICE USE ONLY:

Form Received By: Date:

Refund Number: Method of Refund:

Refund Processed By: Date: