



Course Withdrawal Request Form

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STUDENT ID NUMBER

MA-IS GDLD or GDHRM EdD MEd
GCID or GDID GCTBL or GDEET Other:

General Student Information

Name: _____
Last First Middle

Former Name: _____
Last First Middle

Mailing Address: _____

Telephone Residence: (_____) _____
area code

Telephone Business: (_____) _____
area code

City/Town: _____

Province/State: _____ Postal/Zip Code: _____

Country: _____

Preferred Email: _____

I am requesting to be withdrawn from:

Course Name and Number: _____

Start Date: _____

Contract Date: _____

Please indicate withdrawal period below

I am withdrawing within 30 days of the course start date and request a refund less the withdrawal processing fee.

Note: Refunds may be issued up to 45 days after the course withdrawal request is processed.

I am withdrawing after the first 30 days from the course start date and understand I am not eligible for a refund.

The personal information collected on this form will be used to process your course withdrawal request. This information is collected under the authority of section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, please contact the Coordinator, Registry Services, Office of the Registrar, Athabasca University, 1 University Drive, Athabasca, AB Canada T9S 3A3 Telephone: 1-780-675-6111.

Signature: _____ Date: _____

Please email completed forms to the appropriate FHSS Graduate Program Office