

- Request to Withdraw

Oshawa Campus
2000 Simcoe Street North
Oshawa, ON L1H 7K4
Tel: 905-721-2000 Fax: 905-721-3116

If a student withdraws on the 1st day of a scheduled class, there will be no refund, in whole or in part.
Please email the completed withdrawal form to trevor.greenall@durhamcollege.ca

PERSONAL IDENTIFICATION			
Student ID Number	Date of Birth (mm-dd-yyyy)	Phone Number	
First Name (Given Name)		Last Name (Family Name)	
PROGRAM INFORMATION			
Program of Study			
Course Code			
CRN #			
REASON for WITHDRAWAL			
<i>Durham College is committed to continuous improvement. To help us understand the needs of students, please indicate your reason(s) for withdrawal. This information is collected for statistical purposes only.</i>			
Academic	<input type="checkbox"/> Course does not meet my expectations. <input type="checkbox"/> Language difficulty.	<input type="checkbox"/> I felt academically unprepared. <input type="checkbox"/> Difficulty adjusting to the course demands.	
Personal	<input type="checkbox"/> Family responsibilities. <input type="checkbox"/> Health problems.	<input type="checkbox"/> Transportation problems. <input type="checkbox"/> Relocating.	<input type="checkbox"/> Career goals changed. <input type="checkbox"/> Competing priorities for time.
Employment	<input type="checkbox"/> Secured employment related to program. <input type="checkbox"/> Seeking employment.		<input type="checkbox"/> Secured employment not related to program.
Financial	<input type="checkbox"/> Financial pressure.		
Other Reasons			
Why did you choose this course/workshop?			
Are you considering returning to this course/workshop? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, may we contact you? <input type="checkbox"/> No <input type="checkbox"/> Yes Email address:			

Student Signature _____

Date Submitted _____

OFFICE USE ONLY			
Dean's or Designate Signature		Date	
Amount of program incidental fee to be withheld: \$		Withdrawal code: _____	Circulation Date:
Refund owing: \$	Make cheque payable to:	<input type="checkbox"/> Student <input type="checkbox"/> Other (specify)	
Date Sent to Finance		Date Refund Generated	
Copies to: Office of the Registrar			