



Record Number:

Columbia College Program Withdrawal

| | |
|-----------|--------------------------|
| In Person | <input type="checkbox"/> |
| On Phone | <input type="checkbox"/> |

STUDENT:

Professional program students should submit form to their Program Chair or designate; Pre-Career program students should submit form to their student advisor. Please have form filled in prior to your meeting. If you are calling the College to notify of your Program Withdrawal, a form will be filled out by your Program Chair or advisor (as appropriate) over the phone.

STAFF:

If a staff member is recommending this withdrawal, the front page must be completed by the staff member making the recommendation. No signature is required from the student in this case. Please put "N/A" in the student's signature and date spaces.

| Student Information | | | | | |
|---|---------------------|----------------------|---|-------------|--|
| Student Name | <small>Last</small> | <small>First</small> | <small>Middle Initial</small> | | |
| Student ID# | | Phone #: | | | |
| Mailing Address | | | | | |
| City | | Province | | Postal Code | |
| Student Program Information | | | | | |
| <input type="checkbox"/> Student Requested Withdrawal | | | <input type="checkbox"/> College Recommended Withdrawal | | |
| Name of Program: | | | | | |
| Reason for Withdrawal | | | | | |

| <p>This information is collected under the authority of and in response to the <i>Freedom of Information and Protection of Privacy Act</i>. It is required to respond to the request. If you have any questions about the collection or use of this information, please forward your disclosure request to the Corporate Privacy Office in the Registrar's Office at 802 Manning Road NE, Calgary, AB, T2E 7N8 or fax to (403) 272-3805. The name of staff member and staff signature is the staff member who is recommending the withdrawal (if it is a recommendation), or if the withdrawal form was done through a phone discussion with the student.</p> | | | |
|---|--|------|--|
| Student's Signature | | Date | |
| Recommendations for Withdrawal | | | |
| Name of Staff Member (Please Print) | | | |
| Staff Signature | | Date | |

For Office Use Only

Comments

Signatures of Approval

| | | |
|---------------------------------------|--|------|
| Program Chair or Designate | | Date |
| Student Services Manager or Designate | | Date |

Registrar's Office Use Only

| | |
|------------------------------|--|
| Registrar's Office Signature | |
| Date Received | |
| Date Processed | |

| | |
|---------------------------------------|---|
| Comments from the Registrar's Office: | To be completed by the Office of the Registrar Withdrawal Date: |
|---------------------------------------|---|