



WITHDRAWAL FROM COLLEGE

This form must be completed by all students who wish to discontinue their studies at the College. Students may withdraw without academic penalty until the last day of the semester from which they are withdrawing. Students who stop attending classes and fail to officially withdraw from the College will be assigned grades of "F".

PERSONAL INFORMATION (to be completed by the student)

NAME: _____ ACAD I.D. # _____
last first middle

ADDRESS: _____
street/box city province postal code

PHONE: _____ EMAIL: _____ PROGRAM / MAJOR: _____

- Reason for Withdrawal: 1) Complete the questionnaire on the reverse of this form, and
 2) Arrange for an exit interview with the Manager of Learning Resources, located in the Registrar's Office.

Semester from which you are withdrawing: Fall Winter 20_____

Are you planning to return to ACAD at a future date? No Yes (Semester: _____)

Do you have a government student loan? No Yes (Province of funding: _____)

Are you a sponsored student? No Yes (Sponsor: _____)

STUDENT SIGNATURE: _____ DATE: _____

ADMINISTRATIVE RELEASES (the student must obtain the following release signatures)

Please obtain signatures from the following administrative/service areas.

All accounts must be in good standing before a student is permitted to withdraw. Students with outstanding balances will not be officially withdrawn until their accounts are cleared. This means you may be financially responsible for your course registrations, even though you do not intend to complete them. You could also receive "F" grades for those courses you stop attending. The College holds the right to take any collection efforts deemed necessary to collect outstanding accounts.

You will be expected to return your ID card to the Registrar's Office in order to finalize your withdrawal.

LIBRARY: _____ DATE: _____

REGISTRAR'S OFFICE:
 Holds/Conditions cleared Card Returned _____ DATE: _____

UPass Issued to Student already? Yes (a refund will not be issued for the UPass fee) or No (a refund will be issued for the UPass fee)

EXIT INTERVIEW SCHEDULED/COMPLETED: _____ DATE: _____
 (With Manager of Learning Resources-Registrar's Office)

OFFICE USE

Exit Questionnaire completed Exit Interview completed/scheduled Signature: _____

Withdrawal Term: _____ (week 1-2)	Course Registration Status: DD <input type="checkbox"/>	General Student Status: CA <input type="checkbox"/>
(week 3-9)	Course Registration Status: WD <input type="checkbox"/>	General Student Status: WD <input type="checkbox"/>
Inactive Next Term: _____ (week 10-15)	Course Registration Status: WW <input type="checkbox"/>	General Student Status: WD <input type="checkbox"/>
	Course Registration Status: ER <input type="checkbox"/>	General Student Status: IS <input type="checkbox"/>

Official Withdrawal Date: _____ Entered By: _____ Date: _____

SFB Advised _____ CTS Advised _____

Faculty Advised _____ Locker/ID Card Advised _____

Inactivate Email (SPAIDEN) _____

Eligible for Refund? No Yes Amount: _____ Date Requested: _____

Refund to be issued to: _____ Approved: _____ Date Approved: _____

Comments: _____

Withdrawal from College Exit Questionnaire/Interview

We are sorry to see you go. Help us improve by answering the following questions.

1. Why are you withdrawing? Please **elaborate** on the main reason(s) of why you are withdrawing from ACAD.
(*Academic, Financial, Personal, Family, Professional...*)

2. Please share what you most like about ACAD

3. What would you like to be different at ACAD?

4. I would stay if this happened: _____

5. Under which circumstances would you come back?

6. Is there anything else you would like to add? _____

Thank you and the best of luck in your academic and professional development!