PROGRAM WITHDRAWAL

Office of the Registrar
Room A104, 10215 – 108 Street NW, Edmonton, Alberta, Canada  T5J 1L6
T 780.644.6000 | Toll-free 1.866.534.7218 | info@norquest.ca | www.norquest.ca

- Discuss your withdrawal with your Program Chair. If you are receiving funding, you should also speak to a Student Navigator.
- Academic and financial penalties may apply based on the date of your withdrawal; consult the NorQuest College Academic Calendar for details.

PERSONAL DATA

STUDENT ID # | LAST NAME | FIRST NAME

YEAR | WITHDRAWING FROM ACADEMIC TERM (Check one):
○ Fall (Sept-Dec) ○ Winter (Jan-Apr) ○ Spring (May-Aug) ○ Summer (July-Aug)

PROGRAM

STUDENT-INITIATED WITHDRAWAL

REASON FOR WITHDRAWAL (Check one):
○ Financial ○ Secured Employment ○ Moved
○ Personal/Family ○ Attend Other Institution ○ Medical ○ Child Care ○ Other (explain below)

If your reason is not fully described above, explain why you are withdrawing.

Do you intend to return to your program next term? ○ Yes ○ No

Discussed with Program Chair ○ Yes ○ No If no, why not?

Discussed with Student Navigator ○ Yes ○ No If no, why not?

I understand that the effective date of the withdrawal is the date this Program Withdrawal is received at the Office of the Registrar and that academic and financial penalties may apply based on my date of withdrawal.

Freedom of Information & Protection of Privacy (FOIP) Notification Statement
The personal information requested on this form is collected under the authority of section 65 of the Post-secondary Learning Act and section 33(c) of Alberta’s Freedom of Information and Protection of Privacy Act, and will be used for the purpose of updating registration, determining access to college services, and for college research and planning. For information about the collection and use of this information, contact the NorQuest FOIP Coordinator at 10215-108 Street NW, Edmonton, AB, T5J 1L6, Tel. 780.644.6000.

STUDENT SIGNATURE

DATE

CLEARANCE SIGNATURE (Program Chair/Designate) TITLE

DATE

CLEARANCE SIGNATURE (Student Navigator) TITLE

DATE

COLLEGE REPRESENTATIVE TURN OVER TO COMPLETE

2016.10.V.4
# COLLEGE INITIATED WITHDRAWAL

**REASON FOR WITHDRAWAL – appropriate authorities are indicated (Check one reason only):**

- Unsatisfactory Progress (Program Chair, Associate Dean, or Dean) – Complete conditions of re-admission
- Academic Misconduct (Dean or Vice President) – Complete conditions of re-admission
- Non-Academic Misconduct (Dean or Vice President) – Complete conditions of re-admission
- Non-Payment of Fees (Registrar)
- Never Attended During Add Period (Program Chair)
- No Longer Eligible (LINC only)
- Other (explain) _____________________________________________________________________________

How was the student notified of the withdrawal action:  
- Email
- Letter
- Conference/Interview

When was the student notified of this withdrawal action: ____________________________ (date)

Who notified the student of the withdrawal action: ____________________________ (name/title)

What was the student’s last day of attendance?* ____________________________ (date)

*Used for funding purposes only; non-attendance does not constitute notice of withdrawal

**CONDITIONS OF RE-ADMISSION:**

Acceptable to re-admit if student is in good academic and financial standing  
- Yes
- No

If NO complete the following:

- Conditional re-admission:  
  Conditions: ____________________________

- Do not re-admit to program  
  Explanation: ____________________________

- Do not re-admit to college  
  Explanation: ____________________________

Comments to be added to the student record: ____________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

If you are recommending a backdated withdrawal, attach supporting documentation and reason. The final determination of the withdrawal date will be made by the Office of the Registrar.

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<tr>
<th>RECOMMENDED DATE OF WITHDRAWAL</th>
<th>SUBMITTER’S NAME</th>
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<tbody>
<tr>
<td>SUBMITTER’S TITLE</td>
<td>SUBMITTER’S SIGNATURE</td>
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