

# PROGRAM WITHDRAWAL



**Office of the Registrar**

Room A104, 10215 – 108 Street NW, Edmonton, Alberta, Canada T5J 1L6  
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- 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.

FOR OFFICE USE ONLY	
DATE RECEIVED	ENTERED BY

**PERSONAL DATA**

STUDENT ID #	LAST NAME	FIRST NAME
YEAR	WITHDRAWING FROM ACADEMIC TERM (Check one): <input type="radio"/> Fall (Sept-Dec) <input type="radio"/> Winter (Jan-Apr) <input type="radio"/> Spring (May-Aug) <input type="radio"/> Summer (July-Aug)	
PROGRAM		

**STUDENT-INITIATED WITHDRAWAL**

**REASON FOR WITHDRAWAL** (Check one):

<input type="radio"/> Financial	<input type="radio"/> Secured Employment	<input type="radio"/> Moved
<input type="radio"/> Personal/Family	<input type="radio"/> Attend Other Institution	<input type="radio"/> Medical
<input type="radio"/> Child Care	<input type="radio"/> 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
CLEARANCE SIGNATURE (Student Navigator)	TITLE

**COLLEGE REPRESENTATIVE TURN OVER TO COMPLETE →**

## 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.

RECOMMENDED DATE OF WITHDRAWAL

SUBMITTER'S NAME

SUBMITTER'S TITLE

SUBMITTER'S SIGNATURE