



Mission: To inspire learner success and community development through innovative learning in an inclusive and diverse environment.
Vision: Ever to excel in a global society.
Values: We value learner achievement, academic excellence and personal growth founded on our longstanding principles of: people-centred and respect, accountability and integrity, inclusiveness and collaboration, continuous self-improvement, innovation and pride.



WITHDRAWAL FROM COLLEGE

Surname	First	Middle	Previous name
			<input type="checkbox"/> Female <input type="checkbox"/> Male
Permanent Address			
Town/City	Province	Postal Code	Student ID
Campus	Program Enrolled In		

VOLUNTARY WITHDRAWAL FROM COLLEGE							
DATES OF ATTENDANCE					<i>I hereby withdraw from all courses in which I am enrolled. I have returned all College property.</i>		
Start Date			End Date				
Year	Month	Day	Year	Month			Day
						Student signature	
Have you returned: <input type="checkbox"/> student ID card <input type="checkbox"/> library materials <input type="checkbox"/> lab equipment					Withdrawal Date:		
REASON FOR WITHDRAWAL							
<input type="checkbox"/> Academics <input type="checkbox"/> Personal <input type="checkbox"/> Employment <input type="checkbox"/> Financial <input type="checkbox"/> Health <input type="checkbox"/> Other (Please state)							
Are you sponsored? <input type="checkbox"/> No <input type="checkbox"/> Yes					Do you have a student loan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of sponsoring agency					Name of lender		
					FINANCIAL AID & AWARDS SIGNATURE/DATE		

SIGNATURE OF COUNSELLOR, ACADEMIC ADVISOR OR DEPARTMENT CHAIR IS REQUIRED

Signature	Title	Date
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REQUIRED TO WITHDRAW FROM COLLEGE – OFFICE USE ONLY							
DATES OF ATTENDANCE					REASON <input type="checkbox"/> Absenteeism <input type="checkbox"/> Academic difficulties <input type="checkbox"/> Non payment of fees		
Start Date			End Date				
Year	Month	Day	Year	Month			Day
						Reported by:	
Registrar's Signature					Date:		
					Comments		

OFFICE USE ONLY – REFUND OF FEES			
Forfeit tuition deposit <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Semester I %	Semester II %
TOTAL REFUND			
Signature			Date
Notification to <input type="checkbox"/> Department Chair <input type="checkbox"/> Information Technology <input type="checkbox"/> Library <input type="checkbox"/> Housing			

The personal information on this form is collected under the authority of the Colleges Act and Section 32(c) of the Freedom of Information and Protection of Privacy Act. It is used to process your withdrawal from the College. Your withdrawal will be disclosed to sponsors or government loan granters. If you have any questions about the collection and use of this information, please contact the Registrar, 1-780-853-8429.