

ADDITIONAL QUALIFICATION COURSE WITHDRAWAL FORM

NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

SESSION YOU ARE CURRENTLY ATTENDING: Fall Spring Summer

COURSE WITHDRAWAL

If a course withdrawal is requested after the first class, acknowledgement of the withdrawal is required from the Instructor of the course.

Course Name	Course Code	Course Instructor
Applicant Signature: _____		Date: _____

Instructor Acknowledgement: I am aware that the above named student is withdrawing from the course listed above. If applicable, all course materials have been returned.

Name of Course Instructor: _____	
Signature of Course Instructor: _____	Date: _____

Submit completed form to DDSB AQ Registrar by fax 905-666-6946 or email aq@ddsb.ca

FOR OFFICE USE ONLY

Date form received: _____

Number of classes attended: _____

Amount of fee refunded (if any): \$ _____

Registrar Signature: _____

Date: _____