



## Course Withdrawal Request Form

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STUDENT ID NUMBER

MA-IS      GDLD or GDHRM      EdD      MEd

GCID or GDID      GCTBL or GDDDET      Other:

### General Student Information

Name: \_\_\_\_\_  
Last First Middle

Former Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_

Telephone Residence: (\_\_\_\_\_) \_\_\_\_\_  
area code

Telephone Business: (\_\_\_\_\_) \_\_\_\_\_  
area code

City/Town: \_\_\_\_\_

Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

### I am requesting to be withdrawn from:

Course Name and Number:

Start Date:

Contract Date:

_____
_____
_____

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### Please indicate withdrawal period below

- ☐ I am withdrawing within 30 days of the course start date and request a refund less the withdrawal processing fee.

**Note:** Refunds may be issued up to 45 days after the course withdrawal request is processed.

- ☐ I am withdrawing after the first 30 days from the course start date and understand I am not eligible for a refund.

The personal information collected on this form will be used to process your course withdrawal request. This information is collected under the authority of section 4(c) of Alberta's Protection of Privacy Act (POPA). If you have any questions about the collection and use of this information, please contact the FHSS Graduate Office, Athabasca University, 1 University Drive, Athabasca, AB Canada T9S 3A3 Telephone: 1-800-788-9041.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email completed forms to the appropriate FHSS Graduate Program Office