

**Withdrawal Request Form**

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STUDENT ID NUMBER

**General Information**

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

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

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

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

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

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

Telephone Residence: \_\_\_\_\_  
area code

Telephone Business: \_\_\_\_\_  
area code

Fax Residence: \_\_\_\_\_  
area code

Fax Business: \_\_\_\_\_  
area code

E-mail Business: \_\_\_\_\_

E-mail Residence: \_\_\_\_\_

**I am requesting to be withdrawn from:**

Course Name and Number:	Start Date:	Contract End Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am withdrawing no later than 30 days after the course start date and request a refund less the withdrawal processing fee.

**Note:** A refund will be issued within 45 days after the course withdrawal request is processed.

I am withdrawing after 30 days, and am not eligible for a refund.

**Note:** After 30 days of the course start date, there is no refund. I understand that there will be no refund for course materials.

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 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, please contact the Coordinator, Registry Services, Office of the Registrar, Athabasca University, 1 University Drive, Athabasca, AB Canada T9S 3A3 Telephone: 1-780-675-6111.

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