



REQUEST FOR WITHDRAWAL

Fax or email completed form to CBelearn.

Fax: 403-777-6159

Email: cbelearn@cbe.ab.ca

Name: _____
Family Name Given Name Middle

Address: _____ Phone: _____

D2L Username: _____ Postal Code: _____

I wish to be WITHDRAWN from the following course(s):

- Traditional (CTS Continuous) September February
- Open Entry Stream A Stream B Stream C

Print Material (ADLC) Registration Date: _____

Course(s)	Course Start Date
1. _____	_____
2. _____	_____

For Office Use Only	
Course Completion	Textbooks returned
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

Reason for Withdrawal:

WITHDRAWAL DEADLINE: 30 days from your course start date.

PLEASE NOTE:

- Refunds will not be processed until textbooks are returned
- If you are registered in a Diploma Course and you withdraw, you will no longer be permitted to write your Diploma Exam at CBe-learn

Student Signature: _____ Parent Signature: _____

Date: _____ Refund Requested: Yes No

For Office Use Only	
<input type="checkbox"/>	SIRS Database – Date Completed: _____
<input type="checkbox"/>	D2L withdrawal – Date Completed: _____
<input type="checkbox"/>	OCSR Updated – Date Completed: _____
<input type="checkbox"/>	Refund – Date Completed: _____