REQUEST FOR WITHDRAWAL

Fax or email completed form to CBe-learn

Fax: 403-777-6184

Email: cbelearn@cbe.ab.ca

Name: _____ _____ _____
Family Name Given Name Middle Name

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I wish to be WITHDRAWN from the following course(s):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

Summer School □ May - *deadline to withdraw June 2, 1011*
□ July - *deadline to withdraw July 8, 2011*

Print Material (ADLC) Registration Date: _____

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

Reason for Withdrawal:

_____

_____

Withdrawal Deadline: 30 days from your course start date. *unless otherwise noted*

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

□ SIRS Database	Date Completed: _____
□ D2L Withdrawal	Date Completed: _____
□ OCSR Updated	Date Completed: _____
□ Textbooks Returned	Date Completed: _____
□ Refund	Date Completed: _____

Revised April 21, 2011