REQUEST FOR WITHDRAWAL

Fax or email completed form to CBelearn.

Fax: 403-777-7270
Email: cbelearn@cbe.ab.ca

Name: _____ _____ _____
Family Name Given Name Middle

Address: _____ Phone: _____

Postal Code: _____ D2L Username:: _____

I wish to be WITHDRAWN from a course or courses in the following program(s):

CBe-learn

□ Term 1: Early Fall 2011 □ Term 2 : Late Fall 2011 □ Term 3: Winter 2012

□ Term 4: Spring 2012 □ CTS Start Anytime

ADLC Print Material **Registration Date:** _____

Course(s)
1. _____
2. _____

Reason for Withdrawal:

_____

_____

WITHDRAWAL DEADLINE: Within 30 days from your course start date *unless otherwise noted*

PLEASE NOTE:

- **CBe-learn student 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: _____