

## INTERNATIONAL STUDENTS PROGRAM WITHDRAWAL FORM

Withdrawal from	n Academic Semester:	Fall Semester 🗆	Winter Semester	r 🗆	
Student ID Number:					
Last Name	First Name		Middle Name		
Address	City and Province		Postal Code		
Telephone Number	Mobile Number		Email Address		
YOU MUST COMPLETE THE FO	LLOWING INFORMAT	TION:			
I WISH TO WITHDRAW FROM T	HE FOLLOWING PRO	GRAM:			
REASON FOR WITHDRAWAL: _					
Academic		Non - Academic			
☐ Transfer to other college or university		☐ Family☐ Health☐ VISA Der☐ Other:			
PLEASE COMPLETE AND SIGN					
I have paid in advance for the r I am returning next semester I have advised my Academic Ac I am aware of the withdrawal deadline am responsible for returning any collected under the legal authority of	dvisor / Program Coor es listed in the current Imp ege property that I might h	portant Dates calendar ave in my possession.	of academic dates, a I also understand tha	at this infor	mation is
processing withdrawals.					
Sign Here: X Student Signature			Date: _		
•					
Must be completed by Agent R on Student Behalf	equesting Refund	·	ted if Refund is pa	•	
Agent Name:		Name:			
Company Name:	Address:				
Country:					
	Email:				

<sup>\*</sup> If money originated outside of the home country, student must provide proof of wire-transfer clearly indicating origin.