

# Withdrawal Request Form

Review the Course Withdrawal information on the back of this page before you complete and submit this form.

Student ID number

## General Information

Name _____ <small style="display: block; text-align: center;">Last                      First                      Middle</small>	Former name _____
Address _____ _____	Telephone _____ <small>Residence (please include area code)</small>
City/Town _____ Postal code _____	Business (please include area code) _____
Country _____	Fax _____ <small>(please include area code)</small>
	E-mail _____

## I am requesting to be withdrawn from

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

## Fall/Winter/Spring Session

- I am withdrawing no later than 30 days after the course start date and request a refund less the \$300 materials and processing fee.  
**Note:** After 30 days of the course start date, there is no refund. I understand that there will be no refund for course materials.
- I am withdrawing after 30 days, and am not eligible for a refund.

A refund will be issued 45 days after the course withdrawal request is processed.

The personal information collected on this form will be used to process your course withdrawal request, and 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.

**Student Signature**

Date

Mail, FAX or deliver the completed form to: **Program Director, Master of Distance Education**  
**Athabasca University**  
 1 University Drive, Athabasca, Alberta, Canada T9S 3A3  
 Telephone: 1(780) 675-6179  
 Fax: 1-(780) 675-6170