

**Withdrawal Request Form**

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STUDENT ID NUMBER

**General Information**

Name: \_\_\_\_\_  
Last                      First                      Middle

Telephone Residence: ( \_\_\_\_\_ ) \_\_\_\_\_  
area code

Former Name: \_\_\_\_\_  
Last                      First                      Middle

Telephone Business: ( \_\_\_\_\_ ) \_\_\_\_\_  
area code

Mailing Address: \_\_\_\_\_

Fax Residence: ( \_\_\_\_\_ ) \_\_\_\_\_  
area code

City/Town: \_\_\_\_\_

Fax Business: ( \_\_\_\_\_ ) \_\_\_\_\_  
area code

Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

E-mail Business: \_\_\_\_\_

Country: \_\_\_\_\_

E-mail Residence: \_\_\_\_\_

**I am requesting to be withdrawn from:**

Module Name and Number:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Start Date:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contract Date:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Fall \ Winter / Spring Session**

- I am withdrawing before module start date and am eligible for a full refund.
- I am withdrawing not later than 5 days after the module start date and understand that I am eligible for a partial refund.
- I am withdrawing 6 days or more after the module start date and am not eligible for a refund.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax or deliver the completed form and fees to:  
 Centre for Distance Education  
 Athabasca University  
 1 University Drive, Athabasca, Alberta, Canada T9S 3A3  
 Telephone: 1(780) 675-6219  
 Fax: 1-(780) 675-6170