

Request to Withdraw

Office of the Registrar
Durham College
2000 Simcoe Street North, Oshawa, ON L1H 7K4

Tel: 905.721.3000
Fax: 905.721.3113
www.durhamcollege.ca

Name	Student Number
Address	
Program	Year of Study: One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/>
Date	Last Day of Attendance
ID Card Returned Yes <input type="checkbox"/> No <input type="checkbox"/>	Date ID Card Returned:

NOTE: A \$150 fee will be withheld if your ID Card is not returned

Durham College is committed to continuous improvement. To help us better understand the needs of students, please indicate your reason for withdrawal. This information is collected for statistical purposes only. Please check up to three reasons that most closely match your circumstances. If none of these options is right for you, please provide comments/details under other reason.

Academic:	<input type="checkbox"/> Program does not meet my expectations <input type="checkbox"/> Language difficulty <input type="checkbox"/> Transfer to other college or university	<input type="checkbox"/> I felt academically underprepared <input type="checkbox"/> Difficulty adjusting to program demands <input type="checkbox"/> Transferring to another program
Personal:	<input type="checkbox"/> Transportation problems <input type="checkbox"/> Family responsibilities <input type="checkbox"/> Relocating	<input type="checkbox"/> Health problems <input type="checkbox"/> Career goals changed <input type="checkbox"/> Competing priorities for time
Employment:	<input type="checkbox"/> Secured employment related to program <input type="checkbox"/> Seeking employment	<input type="checkbox"/> Secured employment not related to program
Financial:	<input type="checkbox"/> Financial pressure <input type="checkbox"/> Insufficient assistance from OSAP	<input type="checkbox"/> Applied to OSAP but was declined <input type="checkbox"/> Tuition/books/supplies too expensive
Other Reason:		

Why did you choose this program?

Are you considering returning to Durham College? Yes No

If yes, may we contact you? Yes No E-Mail: _____

If a student withdraws after the 10th day of scheduled classes there will be no refund, in whole or in part, for the semester.

Student's Signature	Date Form Submitted
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FOR OFFICE USE ONLY

Dean's Signature _____ Date _____

Amount of program incidental fee to be withheld \$ _____

Amount of Payment by Accounting Office \$ _____ Approval _____

Make cheque payable to: Student Or _____

Withdrawal Code _____ Circulation Date _____ Date to Accounting _____

White – Office of the Registrar

Yellow – Accounting

Pink – School Office

Gold - Student