

## **Withdrawal Application**

Part A: Primary Infor	nation
Student Name	Student #
Program	Campus Phone
Part B: Address	
Street	PO Box Postal Code
Province	Country
Part C: Reason for W	ithdrawal (check appropriate box)
Financial Pressure	Health Left to Attend Another School Program Not Suitable Program Related Difficulties
Left to Take Job	Personal Other (Please Specify)
Are you registered in any	Open Learning Courses? Yes No
Do you wish to continue i	n these courses after withdrawal?
Advisor's Comments	
	Date Signature - Advisor
Part D: Returned Iten	ns .
OSAP Student	Yes No Financial Aid Officer Signature
Laptop Returned	Yes No IT Department Signature
Student ID Card Returned	Yes No Student Services Signature
Library Books Returned	Yes No Library Technician Signature
Coordinator's Commen	is [
	Date Signature - Coordinator/Director
Declaratio	n: I certify that I do not hold any article(s) that may be considered the property of Northern College.
	Date Signature - Student