

## PROGRAM WITHDRAWAL FORM

IMPORTANT: This form is for completion and submission by currently registered students only.

### PERSONAL INFORMATION Note: Before completing the form, please read instructions on reverse.

Student ID #	Legal Surname	First Name	Middle Name
Program	Semester:	Fall <input type="radio"/>	Winter <input type="radio"/>
		Intersession <input type="radio"/>	Summer <input type="radio"/>

### WITHDRAWAL REQUEST

Reason for withdrawal
_____
_____
_____
_____
_____

### SIGNATURES - THIS SECTION MUST BE COMPLETED AND SIGNED

Program Comments	
_____	
_____	
Withdrawal approved by:	
Faculty Advisor Signature	Date
Student Signature	Date

### OFFICE OF THE REGISTRAR

Current Term:	Balance Due: _____	<input type="radio"/> Owing	<input type="radio"/> Refund	Date Processed: _____
	Refund: _____			
	Total Balance: _____			Registrar: _____

The personal information collected on this application form is used to maintain NTC records in processing your enrolment, monitoring academic progress, providing tax receipts, distributing follow-up College-related information, College research, awards, graduation and fundraising/alumni contact. In signing this form, an individual consents to the use of their personal information for these purposes by NTC or disclosure to third parties for operational purposes that are consistent with the mission of NTC or as required by the Statistics Act (Canada) or by the government of Alberta. This information is collected under the authority of the *Freedom of Information and Protection of Privacy Act* section 33(c). If you have any questions about the collection of your personal information, please contact the Privacy Officer, Dr. Jason West, at 10012-84 Street NW, Edmonton, AB T6A 0B2 or by telephone at (780) 392-2450.

I agree to be governed by the policies, rules and regulations as set forth by NTC. I acknowledge that I have read the NTC Privacy Commitment (as it may be updated from time to time) located at [www.newman.edu/privacy](http://www.newman.edu/privacy) and hereby consent to the collection, use and disclosure by NTC and the Archdiocese of Edmonton and its agents of my personal information (whether previously collected or to be collected) for the purposes identified in the NTC Privacy Commitment.

**INSTRUCTIONS:**

Please complete this form fully and do not leave blanks.

**WITHDRAWAL REQUEST:** Please state your reasons for your withdrawal.

**SIGNATURES:** This must be filled in when the student is enrolled in a Program and must include the following:

- Faculty Advisor signature and date.
- The student's signature or indication from the Faculty Advisor how the information was confirmed with the student, such as by telephone, or verbal agreement.

**NOTE:** the date the form is received in the Office of the Registrar will be the official date used when processing.