

CONTINUING STUDIES

Request to Withdraw from a Continuing Studies Certificate Program

REFUND POLICY: Registered students withdrawing prior to the start of certificate programs will be subject to a \$200 non-refundable fee. It is the student's responsibility to be informed about refund policies and to contact Continuing Studies in writing when withdrawing.

Please print

Student ID #: _____

Name: _____
(last name) (first name(s))

Mailing Address _____
(street) (city/town) (province) (postal code)

Phone Number _____

Request withdrawal from (name of certificate): _____

Reason for withdrawal (attach official documentation): _____

Student's Signature _____ Date: _____

Office Use Only

Program Coordinator Recommendation: _____ YES _____ NO PC Initials: _____

Comments: _____

Associate Director Signature: _____ Date: _____

Refund Authorized: _____

PLEASE SELECT YOUR CAMPUS

KELOWNA

Ph: (250) 862-5480
Fax: (250) 862-5434
cscentral@
okanagan.bc.ca

PENTICTON

Ph: (250) 492-4305
Fax: (250) 490-3950

REVELSTOKE

SALMON ARM

VERNON