

Email: registration.inquiries@senecacollege.ca
Telephone: (416) 491-5050 ext. 22800
Important Academic Dates: senecacollege.ca/registrar/dates/

Seneca

Withdraw Form: Full-Time Program

_____|_____|_____|_____|_____|_____|
Student Number

_____|_____|_____|_____|_____|_____|
Current Program

Withdrawal - From Which Term:

☐ Fall ☐ Winter ☐ Summer

_____|_____|_____|_____|_____|_____|
Last Name

_____|_____|_____|_____|_____|_____|
First Name

_____|_____|_____|_____|_____|_____|
Telephone Number

_____|_____|_____|_____|_____|_____|
Email Address

Reason for Withdrawal: Please select one reason for withdrawal from the following list:

Academic Reasons:	Non-Academic Reasons:	
Academic: <input type="checkbox"/> Program does not meet expectations <input type="checkbox"/> Academic difficulty <input type="checkbox"/> Transfer to other college or university <input type="checkbox"/> Return to high school <input type="checkbox"/> Other academic (please specify)	Personal: <input type="checkbox"/> Health <input type="checkbox"/> Family Distress <input type="checkbox"/> Other personal (please specify) Financial: <input type="checkbox"/> Applied to OSAP but no financial assistance awarded <input type="checkbox"/> Insufficient financial assistance from OSAP <input type="checkbox"/> Financial Pressure	Employment: <input type="checkbox"/> Employment not related to your program <input type="checkbox"/> Employment related to your program <input type="checkbox"/> Seeking employment <input type="checkbox"/> Other (please specify)

- ☐ I understand that if I am withdrawing from the College after the 10th day of scheduled classes and my fees have not been paid in full, the fees must still be paid.
- ☐ I understand that overdue accounts will be sent to a collection agency if arrangements for payment have not been made.
- ☐ I understand that if I am in receipt of OSAP funds, any refund due to me may be sent back to the National Student Loan Service Centre to repay a portion of my student loan (Domestic students only).

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Personal information on this form is collected in accordance with sections 21, 39 and 49 of the *Freedom of Information and Protection of Privacy Act* and under the legal authority of the *Ministry of Training, Colleges and Universities Act*, R.S.O. 1990, and the *Ontario Colleges of Applied Arts and Technology Act*, 2002, Regulation 34/03, and may be used and/or disclosed for administrative, statistical and/or research purposes of the College and/or the ministries or agencies of the Government of Ontario and the Government of Canada. If you have any questions concerning the collection and use of personal information, please contact the Privacy Office at (416) 491-5050 extension 77846 or email privacyoffice@senecacollege.ca.

_____|_____|_____|_____|_____|_____|
Student Signature

_____|_____|_____|_____|_____|_____|
Date

For OFFICE USE ONLY:

Withdrawal Term: ____|____|____|____|____|____|

Program Action: ____|____|____|____|____|____| ☐

Action Reason: ____|____|____|____|____|____| ☐

_____|_____|_____|_____|_____|_____|
Date Processed

_____|_____|_____|_____|_____|_____|
Initials