



**NOTICE OF WITHDRAWAL
FROM THE CO-OPERATIVE EDUCATION PROGRAM**
Office of the Institute for Co-operative Education

Students must consult their coordinator before completing this form.

****All questions on this form must be completed****

Name of Student	I.D. Number	Program of Study

Level of study of your academic program : Graduate ☐ Undergraduate ☐

Work terms completed: ☐ none ☐ 1 ☐ 2 ☐ 3

- Reasons for withdrawal:**
- ☐ I do not meet the GPA requirement.
 - ☐ I am studying or will be studying part time.
 - ☐ I am working or will be working full time.
 - ☐ I have financial difficulties.
 - ☐ I am leaving Concordia.
 - ☐ Other personal reasons.

Supporting explanation *required* (please attach relevant documents, as applicable):

Note: Withdrawal forms must be received at the Institute prior to September 1st , May 1st and January 1st . Co-op fees are non-refundable. Once withdrawals are processed no future fees will be charged.

Student's signature: _____ **Date:** _____

Director/ Associate Director: _____ **Date:** _____

Completed form (signed by the student) must be sent to Coopwithdraw@concordia.ca