

NOTICE OF WITHDRAWAL

**Indicates fields that MUST BE COMPLETED in order for the form to be processed*

A. PERSONAL INFORMATION		
Student #:	Relevant Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer	Year:
*Last Name:		*First Name:
*Program:	*Email Address: @guelphhumber.ca	

B. *NOTICE OF WITHDRAWAL	
<input type="checkbox"/> From the Semester	<input type="checkbox"/> From the Program (Student ID required to process withdrawal)
*Reason for Withdrawal	
<p>Note: If you live in residence, you must contact the Student and Guest Services Coordinator in R118-Residence Office at Humber College Institute of Technology and Advanced Learning, in order to officially withdraw from Residence.</p>	

C. APPLICANT ACKNOWLEDGEMENT	
*Applicant Signature	Date

D. TO BE COMPLETED BY CAMPUS REGISTRAR		
Signature	Date	Recommended Refund (%)

E. PROGRAM ADVISOR		
Signature	Date	Backdate: _____ N/A
Advisor Notes		