

# COLLEGE WITHDRAWAL FORM

Office of the Registrar/Student Services  
 Fax (403) 556-4711 [www.oldscollege.ca](http://www.oldscollege.ca)



## GENERAL INFORMATION/INSTRUCTIONS

- Please complete the Personal Data portion first and then obtain the appropriate signatures **in the order that they appear.**
- This Withdrawal Form must be completed and returned to Student Services/Office of the Registrar before a refund can be processed.

## PERSONAL DATA (PLEASE PRINT CLEARLY)

Olds College Student Number

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Surname (legal)

First Name (legal)

Full Middle Name (legal)

Program

Major

Mailing Address



Reason For Withdrawal:

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## OBTAIN ALL THE FOLLOWING SIGNATURES IN ORDER:

Program Coordinator

Library

Residence Office (if applicable)

Student Services Officer (Student Loans)

Associate Registrar or Delegate      Return ID Card

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Cashier

Parking Pass Return (Parking pass must be returned to the cashier for a refund)

Amount of Refund (if any)

Student Signature

Date

## FOR OFFICE USE ONLY:

Date Received \_\_\_\_\_

Cashier Initials \_\_\_\_\_

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. Public inquiries regarding the collection, use and disclosure of personal information provided on this form should be directed to the FOIP Co-ordinator/Director of Student Services/Registrar of Olds College at 4500 – 50 Street, Olds, AB T4H 1R6.