

Withdrawal Form

Student First Name	Middle Initial	Student Last Name	Student #
Student Mailing Address			Postal Code
Student Permanent Mailing Address (if different from above)			Postal Code
Student Telephone Number	Alternative Telephone Number	Student Email Address	
International Student:	Yes	No	

PROGRAM/COURSE INFORMATION

Program/Course Name (as registered with PTIB);			
Program/Course Start Date		Program/Course End Date	
Credential Issued on Graduation	Diploma	Certificate	Post-Diploma
Program Delivery Method	On-Site	Distance	Combined
I understand and agree with terms of withdrawal and refund policy of the College.			
Signature (Student): _____		Date: _____	

<p><u>For College Use Only:</u> Withdrawal form received through: Mail / Email / In Person</p> <p>Comments:</p> <p>Decision:</p> <p>Refund (if any):</p> <p>Signature (SEA or COO): _____ Date: _____</p> <p>Decision communicated on: Date; Through: Mail / Email / In Person</p>
