

WITHDRAWAL FORM

Student Name: _____

DOB: _____

Mailing Adress: _____

Phone: _____

Program: _____

ASN: _____ SIN: _____

Registration Date: _____ Withdrawal Date: _____

Last Day Attended Class: _____

Reason for Withdrawal: _____

Laptop Received: YES _____ NO _____

Student Signature: _____ Date: _____

Office Use Only

SIS updated

COR updated

Tuition Received – YES NO

Never Attended

Tuition Refunded - _____ % = \$ _____

Comments: _____

RCB Representatives Signature

Date