

STUDENT WITHDRAWAL FORM

Section 1: Student Information (to be completed by the student)

Last Name:	_First Name:	St	udent Number:	
Program:		_Start Date:	End Date:	
Mailing Address:				
City/Province:			2:	
Possons for Withdrawal				

Reasons for Withdrawal:

Our Locations

÷	Calgary Campus	Student Signature:	Date:	
	403 264 2009 403 992 7611 Fax: 587 352 2049	Instructor Signature:	Date:	
	1324 36 Avenue NE Calgary, Alberta T2E 8S1			
÷	Red Deer Campus			
	403 264 2049 403 986 0684 Fax: 403 986 4815	Section 2:	WITHDRAWAL POLICY	
	4811 48 Street Red Deer, Alberta T4N 1S6	written notice to the Academy so the Academy will confirm the date the notice was delivered. The contract is considered terminated on the date that the written notice is received by the Academy.		
+	Edmonton Campus			
	780 863 8236 Fax: 780 434 8328	• Students, who are in receipt of the termination of the contract	financial assistance, will notify the funding source of withdrawal or	
	6920 Roper Road NW Edmonton, Alberta T6E 0A8	 Students must review the excerpts of the Private Vocational Training Regulation as attached to the contract, and recognize the regulation with respect to the retention of repayment of fees (i.e. registration fees and tuition refunds). 		
		,	derstand that "if the contract is terminated on or before the 4th contract, the Academy must refund any tuition or other fees paid by	
₩ f	~ -	• The standard refund policy app	lies to all withdrawals.	
	MTG Healthcare Academy @mtghealthcareacademy		on the transcript. Neglecting to withdraw officially (program "F" on the transcript. The "F" grade calculates as zero in the GPA.	