



WITHDRAWAL ONLY  
 REFUND ONLY

South Campus, 2000 Talbot Road West, Windsor, Ontario N9A 6S4 / Telephone (519) 972-2727 / Fax (519) 972-3811 / Web Address: www.stclaircollege.ca

**THIS SECTION TO BE COMPLETED BY THE STUDENT** Please PRINT clearly and press firmly. You are making 4 copies. The last one is yours.

Refunds for college programs and courses are processed in accordance with the published College Refund Policy. Please see College Calendar for details.

STUDENT NUMBER	20	SEMESTER:	<input type="checkbox"/> FALL	<input type="checkbox"/> WINTER	<input type="checkbox"/> SPRING	<input type="checkbox"/> SUMMER
STUDENT NAME (LAST NAME FIRST)						
CHEQUE IS TO BE MAILED TO THE FOLLOWING ADDRESS:		CITY	PROV.	POSTAL CODE		
PHONE NO. ( )		DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM			
STUDENT'S SIGNATURE _____						
<input type="checkbox"/> Post Secondary Student	PROGRAM _____					
<input type="checkbox"/> Apprentice	PROGRAM _____					
<input type="checkbox"/> Continuing Education	PROGRAM _____					
#1 COURSE CODE	SECTION #	YEAR/TERM				
#2 COURSE CODE	SECTION #	YEAR/TERM				
#3 COURSE CODE	SECTION #	YEAR/TERM				
#4 COURSE CODE	SECTION #	YEAR/TERM				
<b>Reason for Withdrawal:</b>	<input type="checkbox"/> FINANCIAL PRESSURE	<input type="checkbox"/> NOT COPING WITH PROGRAM	<input type="checkbox"/> LEFT TO TAKE A JOB	<input type="checkbox"/> PERSONAL		
	<input type="checkbox"/> ANOTHER SCHOOL	<input type="checkbox"/> HEALTH (Inc. Death)	<input type="checkbox"/> COURSE CANCELLED	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> OTHER	

Comments: \_\_\_\_\_

CHAIRMAN'S SIGNATURE \_\_\_\_\_ COUNSELLOR'S SIGNATURE \_\_\_\_\_

**SECTION BELOW IS RESERVED FOR OFFICE USE ONLY**

**REGISTRAR:**  POST SECONDARY  APPRENTICE  CONTINUING EDUCATION

Are fees to be refunded?  Yes  No If Yes, please indicate which fees are to be refunded:  Confirmation/Administration  Tuition

Amount \$ \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**CONTINUING EDUCATION OFFICE:** If applicable, have the books been returned?  Yes  No

	COURSE # 1	COURSE # 2	COURSE # 3	COURSE # 4
1st Class	_____	_____	_____	_____
2nd Class	_____	_____	_____	_____
3rd Class	_____	_____	_____	_____

Comments: \_\_\_\_\_

After investigation, I concur  Yes  No Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REGISTRAR'S OFFICE:**

	COURSE # 1	COURSE # 2	COURSE # 3	COURSE # 4
Total Course Hours	_____	_____	_____	_____
Tuition Fee	_____	_____	_____	_____
Non Refundable Tuition	_____	_____	_____	_____
# class / # hours / rate per hour	____/____/____	____/____/____	____/____/____	____/____/____
Total	_____	_____	_____	_____

Refund \$ \_\_\_\_\_ (Parking) = \$ \_\_\_\_\_ Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**FINANCE DEPARTMENT:**  A refund in the amount of \$ \_\_\_\_\_ is being forwarded as authorized above.  REFUND DISALLOWED, per College policy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_