

Office of the Registrar Tel: (876) 924-109507/(876) 325-7136

APPLICATION FOR WITHDRAWAL FROM A PROGRAMME

Instructions: The College Registrar should be consulted before commencing the withdrawal process. The form should be completed in duplicate and returned to the Office of the Registrar for approval.

Part 1: FIRST NAME:	STUDENT INFORMATION			
	EMAIL: _			
	(H)			
Part 2: PROGRAMME: Early C	PROGRAMME hildhood Primary Secondary	INFORMATION	ATION Major:	
			Minor:	
SEMESTER:		YEAR:		
·	ny enrolment at Shortwood Teachers	0	-	
I understand that if I have w	l:	emic services and othe		
I am also responsible for an to donors. (See College's ref	y financial obligations to the College, fund policy in iSIMS)	including tuition owed	l as a result of financial aid/ func	ls returned
Student Signature:		_ Date:/	/	
NB: Electronic signatures		dd m	т уууу	
NOTE: 1. Withdrawals are e of Academic Affair	effective on the date received by the Co rs. halls of residence are required to obta		-	e Principal
Assessed				
Approved by	Registrar		Date// 	
	_		yy	55
Processed by the	Registry and action taken			
Name		Signature		