

GRADUATE PROGRAMS Course Withdrawal Form

Email Address:
Current Program:
Phone Number:
Start Date:
Start Date:
Start Date:
Start Date:
g regulations apply:
urse start date OR no later than one month after the rse withdrawal processing fee. Please note that this fee ney will be refunded back to the original form of ne course withdrawal request is processed.
nore days after the course start date and I am no longer
cable program regulations (relating to program status, consulted an Academic Advisor with any questions prior lines course are permitted one registration and one retrations in the same course will require approval of the elivered, all course materials are the property of the returned materials. Ourse, or you have submitted a Typhon Request and an email (not this form) to the appropriate area: r Counselling: gcappracticumadmin@athabascau.ca advising his will ensure your Typhon information is updated.
ns to us at: OR COUNSELLING PROGRAMS Email: gcapadmin@athabascau.ca mail only—within 5 business days.

Date

Student Signature