



UNIVERSITY OF TORONTO
FACULTY OF APPLIED SCIENCE & ENGINEERING

Registration Withdrawal Form

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. Please see the reverse side of this form for more information.

TO BE COMPLETED BY STUDENT:

Please print clearly.

Student Number: _____ Email: _____

Mr./Ms. Given Names: _____ Surname: _____

Phone: (____) _____

Program: _____ Year: ☐ First ☐ Second ☐ Third ☐ Fourth

Reason for Withdrawal:

- | | | |
|---|---|---|
| <input type="checkbox"/> Academic difficulties | <input type="checkbox"/> Personal/Family issues | <input type="checkbox"/> Entering workforce |
| <input type="checkbox"/> Financial difficulties | <input type="checkbox"/> Emotional/psychological issues | <input type="checkbox"/> Wrong program |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Transfer to another university | |
| <input type="checkbox"/> Other: _____ | | |

Withdrawing from:

☐ Fall Session 20____ ☐ Winter Session 20____ ☐ Summer Session 20____

Please answer the following questions:

Are you currently in residence? ☐ Yes ☐ No

Please indicate fee category: ☐ International Student Fees ☐ Domestic Student Fees

Will you apply to re-enrol? ☐ Yes ☐ No ☐ Not sure at this time

Comments:

Student Signature: _____ Date: _____

To Be Completed by an Academic Advisor

Academic Advisor: _____ Signature _____ Date _____

→ Please returned the completed form to the Registrar's Office (GB157) immediately ←

To Be Completed by the Office of the Registrar

Effective date of withdrawal: _____ Process date: _____

Will there be an academic penalty? ☐ Yes ☐ No Will there be any fees refunded? ☐ Yes ☐ No

Comments:

Processed By: _____ Date: _____

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