

PROGRAM WITHDRAWAL FORM

| Student Information | |
|---|--|
| First name: | Last name: |
| | |
| Student number: | Campus/Location: |
| | |
| Program of study: | Email: |
| | |
| Withdrawal Date | |
| Please select one (1) of the following options: | |
| | I wish to withdraw on the following date: |
| I wish to withdraw today (effective immediately) | _ |
| | Withdrawal Date: |
| Reason for Withdrawal | |
| Applying to another school | Moving to another city/country |
| Applying to another school Academic challenges | Personal reasons |
| Family responsibilities | Permit/Visa issues |
| Financial difficulties | Returning to home country |
| Health reasons | Other |
| Have you consulted with Student Services or the Academic Department regarding your decision to withdraw? | |
| Yes No | |
| | |
| Conditions | |
| Withdrawal requests must be submitted directly by the student (or parent/legal guardian if under the age of majority). Notices submitted solely by agents are not valid. | |
| Withdrawing from a program affects academic progress and eligibility to graduate. Withdrawn students must reapply if they wish to resume studies. | |
| 3. Refunds, if applicable, will be issued in accordance with ILSC <i>Tuition Refund Policy</i> . | |
| 4. Students are responsible for canceling or modifying any residence, accommodation, arrival service, or insurance. | |
| 5. For international students, withdrawal may affect legal status in Canada. ILSC is required to report changes in enrollment | |
| status to IRCC. | |
| Student Declaration | |
| By signing below: | |
| • I confirm that I have reviewed the terms and conditions stated in this document and the ILSC <i>Withdrawal Policy</i> , and I agree to comply with these terms and conditions. | |
| I acknowledge it is my responsibility to settle any outstanding fees or administrative obligations with ILSC. | |
| I understand that, if applicable, information regarding my program withdrawal may be shared with Immigration, Refugees and Citizenship Canada (IRCC), in accordance with relevant privacy laws. | |
| Student signature: | Date signed: |
| | |
| Parent signature (if applicable): | Date signed: |

Please submit completed forms to the appropriate Student Services team: