



South Campus, 2000 Talbot Road West, Windsor, Ontario N9A 6S4 / Telephone (519) 972-2759 / 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 3 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 _____	
STUDENT NAME		SEMESTER: <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING	
STUDENT NAME		Student Email	
CHEQUE IS TO BE MAILED TO THE FOLLOWING ADDRESS:		CITY	PROV. POSTAL CODE

PHONE NO. _____ DATE _____ TIME _____
() _____ AM PM

STUDENT'S SIGNATURE _____

Post Secondary Student PROGRAM _____
 Apprentice
 Continuing Education

#1 COURSE CODE _____	SECTION # _____
#2 COURSE CODE _____	SECTION # _____
#3 COURSE CODE _____	SECTION # _____
#4 COURSE CODE _____	SECTION # _____

Reason for Withdrawal: FINANCIAL PRESSURE NOT COPING WITH PROGRAM LEFT TO TAKE A JOB PERSONAL
 ANOTHER SCHOOL HEALTH (Inc. Death) COURSE CANCELLED UNKNOWN OTHER

Post-Secondary Students will receive a refund of the amount paid, less a non-refundable administrative fee, when an official withdrawal form is received by the Registrar's Office within the first ten days of the semester. **If a student withdraws after the first ten days of classes, no money is refunded for the semester.**
 Failure to attend class does not constitute a withdrawal from the College and students will be liable for all fees, including late fees and interest.

Comments: _____

CHAIRMAN'S SIGNATURE _____ COUNSELLOR'S SIGNATURE _____

REGISTRAR'S / FINANCIAL AID OFFICE

POST SECONDARY APPRENTICE CONTINUING EDUCATION OSAP STUDENT

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

Amount \$ _____ Print Name: _____ Signature: _____

Date: _____

Comments: _____

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

Comments: _____

After investigation, I concur Yes No Authorized Signature: _____ Date: _____

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

Signed: _____ Date: _____