



TRADES WITHDRAWAL (VOLUNTARY AND INVOLUNTARY)

Student Records

SW1–1st Floor, 3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

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Instructions: 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Close PDF then re-open to ensure the content you filled in has saved, 6) Submit to records@bcit.ca.

IMPORTANT – PLEASE CHECK AND FILL OUT ONE OPTION ONLY:

Voluntary Withdrawal

- Instructors, please fill out Sections A, B, D, E and have student complete the clearance form.

Involutary Withdrawal

- Instructors, please fill out Sections A, C, D, E and F.

SECTION A: STUDENT INFORMATION

Your BCIT ID Number A0	Legal First Name (given name)	Legal Last Name (family name)
Program Name		
Program Start Date (DD-MMM-YYYY)	Withdrawal Effective Date (DD-MMM-YYYY)	

SECTION B: REASON FOR WITHDRAWAL – CHOOSE ONLY ONE

<input type="checkbox"/> 1. Program has not met expectations	<input type="checkbox"/> 13. Family / personal
<input type="checkbox"/> 2. Wrong program choice	<input type="checkbox"/> 14. Work obligations
<input type="checkbox"/> 3. Program too difficult / academic difficulties	<input type="checkbox"/> 15. Commuting difficulties
<input type="checkbox"/> 4. Concerns regarding instruction	<input type="checkbox"/> 16. Other
<input type="checkbox"/> 5. Concerns regarding facilities and/or equipment	<input type="checkbox"/> 17. Welding upgrader – incomplete
<input type="checkbox"/> 6. Concerns regarding job prospects	<input type="checkbox"/> 18. Involuntary withdrawal
<input type="checkbox"/> 7. Workload too heavy	<input type="checkbox"/> 19. Abandoned training
<input type="checkbox"/> 8. Department advised withdrawal	<input type="checkbox"/> 20. Program failure
<input type="checkbox"/> 9. Illness or health problems	<input type="checkbox"/> 21. Change of career goals
<input type="checkbox"/> 10. Financial difficulties	<input type="checkbox"/> 22. Lost interest in the program
<input type="checkbox"/> 11. Secured employment – program related	<input type="checkbox"/> 23. Weak academic background
<input type="checkbox"/> 12. Secured employment – program unrelated	<input type="checkbox"/> 24. Sponsorship problems

STUDENT DECLARATION

This is to certify that all money owed to BCIT has been paid and that any property belonging to BCIT has been returned in good condition. I understand that my withdrawal will be circulated to the applicable departments within BCIT.

Student Name	Signature	Date (DD-MMM-YYYY)
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FOR OFFICE USE ONLY

SECTION C: SUMMARY OF STUDENT PERFORMANCE

Attach copies of: student reports, performance contracts and advisor sessions.

Days Absent _____ Excused _____ Unexcused	Days Late _____ Excused _____ Unexcused
Competencies Completed to Date	Class Average

SECTION D: STUDENT GRADES

Include any applicable grades the student has earned up to the withdrawal date.

Course Name and Number (e.g. PIPE 1213)	Grade (%)

SECTION E: SIGNATURE

To be signed for both voluntary and involuntary withdrawals.

Department Head's Signature	Date (DD-MMM-YYYY)
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SECTION F: SIGNATURES

All signatures are required for involuntary withdrawals.

Recommended by Department Head	Date (DD-MMM-YYYY)
Approved by the Dean	Date (DD-MMM-YYYY)
Reviewed by the Registrar	Date (DD-MMM-YYYY)

BCIT TRADES WITHDRAWAL PROCEDURE

Voluntary Withdrawals:

1. Student completes this form.
2. Student meets with the department head or associate dean.
3. The student delivers the completed form to Student Information and Enrolment Services.

Involuntary Withdrawals:

1. Program area completes sections A, C, D, E and F of this form.
2. Program area submits form to Student Records.
3. Withdrawal is reviewed by the registrar and a withdrawal notification letter is sent to the student.