



FULL-TIME TECHNOLOGY OR PART-TIME DEGREE WITHDRAWAL

Student Records

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

T 604.434.1610 TF 1.866.434.1610 E records@bcit.ca

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.

TO WITHDRAW FROM YOUR PROGRAM:

- Note the withdrawal deadlines for your program at bcit.ca/academic-dates
- Meet with your program head or associate dean to discuss options and obtain a signature.
- Consider meeting with a counselor by contacting Counselling and Student Development (SE16-127) at 604.432.8608.
- Email completed form to records@bcit.ca.

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)	Effective Term

REASON FOR WITHDRAWAL – CHOOSE ONLY ONE

<input type="checkbox"/> Change of career goals	<input type="checkbox"/> Lost interest in program	<input type="checkbox"/> Concerns regarding facilities or equipment
<input type="checkbox"/> Program too difficult / academic difficulties	<input type="checkbox"/> Concerns regarding instruction	<input type="checkbox"/> Department advised withdrawal
<input type="checkbox"/> Concerns regarding job prospects	<input type="checkbox"/> Workload too heavy	<input type="checkbox"/> Secured employment – program related
<input type="checkbox"/> Illness or health problems	<input type="checkbox"/> Financial difficulties	<input type="checkbox"/> Secured employment – program unrelated
<input type="checkbox"/> Commuting difficulties	<input type="checkbox"/> Family / personal	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Sponsorship difficulties	<input type="checkbox"/> Weak academic background	_____

FUTURE PLANS

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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TO BE COMPLETED BY PROGRAM HEAD

Name	Signature	Date (DD-MMM-YYYY)
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TO BE COMPLETED BY ASSOCIATE DEAN OR DEAN (FOR EXCEPTION CASES ONLY – Late withdrawal approval)

Name	Signature	Date (DD-MMM-YYYY)
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