



# FULL-TIME STUDIES COURSE WITHDRAWAL REQUEST

## Student Records

SW-1, First Floor, 3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

T 604.432.8353 TF 1.866.434.1610 E [records@bcit.ca](mailto: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](mailto:records@bcit.ca).

### TO WITHDRAW FROM YOUR PROGRAM:

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

Fields marked with an asterisk (\*) are **mandatory**.

### STUDENT INFORMATION

Your BCIT ID Number* <b>AO</b>	Legal First Name (given name)*	Legal Last Name (family name)*
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### WITHDRAWAL REQUEST

Program Name*		Set Number
Course Code (e.g., FMGT 1100)*	Course Title (e.g., Accounting 1)*	Course Reference Number (CRN)*
Course Code*	Course Title*	Course Reference Number*
Course Code*	Course Title*	Course Reference Number*
Course Code*	Course Title*	Course Reference Number*
Course Code*	Course Title*	Course Reference Number*
Reason for Request*		
Student Signature*		Date (DD-MMM-YYYY)*

### TO BE COMPLETED BY PROGRAM HEAD

Decision*		
Name	Signature	Date (DD-MMM-YYYY)

### 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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