



TRADES 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:

1. Note the withdrawal deadlines for your program at 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.

SECTION A: STUDENT INFORMATION

Your BCIT ID Number A0	Legal First Name (given name)	Legal Last Name (family name)
Program Name	Effective Term	
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: STUDENT GRADES

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

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

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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BCIT TRADES WITHDRAWAL PROCEDURE

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