

## GRADUATE PROGRAMS Course Withdrawal Form

Last Name:	E	mail Address:
First Name:	c	urrent Program:
Student ID Number:	Р	hone Number:
Please withdraw me from the follow	ving course(s):	
Course 1:	Instructor:	Start Date:
Course 2:	Instructor:	Start Date:
Course 3:	Instructor:	Start Date:
Course 4:	Instructor:	Start Date:
If you withdraw after your registrat	ion is finalized, the	following regulations apply:
may be prorated for 1- and 2-cred payment (E.g. credit card, gove Withdrawal. I am withdrawing one month prior to the end of IMPORTANT: Please ensure that you	dit courses. Any mon rnment loan) after more than one mon the course. I am no ou have reviewed al	l applicable program regulations prior to
Students enrolled in a Faculty of He re-registration for each course. Sub-	ralth Disciplines cou sequent registration RETURN COURSE MA	ogram status, re-registrations, and withdrawals).  rse are permitted one registration and one ns in the same course will require approval of the ATERIALS. Once delivered, all course materials are the arded for returned materials.
Please submit your completed form	or any questions to	o us at:
NURSING & HEALTH STUDIES PROG Fax: 780-675-6468 Email: <a href="mailto:cnhsgrad@athabascau.ca">cnhsgrad@athabascau.ca</a>	RAMS <b>OR</b>	COUNSELLING PROGRAMS  Fax: 780-421-5046  Email: gcapadmin@athabascau.ca
You will receive confirmation of for	m receipt, by email	only—not by phone, within 5 business days.
Student Signature		 Date