Athabasca University

CANADA'S OPEN UNIVERSITY

Centre for Nursing and Health Studies

GRADUATE PROGRAMS: Course Withdrawal Form

STUDENT ID NUMBER

Please type or print clearly. Please complete all sections.

Name:_____
Last First Middle

Program:_____

Address:_____

Telephone (Residence): (_____)_____
area code

City/Town:_____

Telephone (Business): (_____)_____
area code

Province/State:_____ Postal/Zip Code:_____

Fax Number (Residence): (_____)_____
area code

Country:_____

Fax Number (Business): (_____)_____
area code

E-mail Address (Residence):_____

E-mail Address (Business):_____

Please withdraw me from the following course(s):

Course Name and Number:	Instructor:	Start Date:

If you withdraw after your registration is finalized, the following regulations apply.

DO NOT RETURN COURSE MATERIALS

- ❑ I am withdrawing prior to the course start date OR no later than one month after the course start date and request a refund less the $350 fee. (Early Withdrawal)
- ❑ I am withdrawing more than one month after the course start date and no later than one month prior to the end of the course. I am not eligible for a refund. (Withdrawal)

Effective immediately, students enrolled in a CNHS Graduate course will be permitted one registration and one re-registration in each course. Subsequent registrations in the same course require approval of the Coordinator, CNHS Graduate Programs or designate.

Note: If applicable, a refund will be processed after the course withdrawal request is processed.

Mail, fax or email the completed form to:

Graduate Programs
Centre for Nursing and Health Studies
Athabasca University
1 University Drive
Athabasca AB T9S 3A3
Canada

Phone: 1-800-788-9041 (ext. 6735)

Fax: 780-675-6468

Email: cnhsgrad@athabascau.ca

You will receive a confirmation email within 5 business days of receipt of this form by the Centre for Nursing and Health Studies. Telephone confirmation will not be provided.

The personal information collected on this form will be used for the purpose of processing your course withdrawal request and is collected under the authority of section 33 (c) of the Alberta Freedom of Information and Privacy Act. If you have any questions about the collection and use of this information, contact the Centre for Nursing and Health Studies, Athabasca University, 1 University Drive, Athabasca, AB T9S 3A3 Telephone: (780) 675-6735.

Student's Signature:_____ Date:_____