

APPRENTICESHIP WITHDRAWAL/ DISCONTINUED TRAINING FORM

- Before completing this form, you should consult your program co-coordinator to assist you with your withdrawal decision.
- To qualify for a refund you must withdraw on or before the third day of your in-school training. You will be refunded fees less \$155.00.
- Please make sure that you contact your training consult so they can reschedule your schooling.
- This form will not be processed without the Resource Centre's approval.

DATE

I WISH TO WITHDRAW FROM THE FOLLOWING PROGRAM

Program Name: _____

ABOUT YOURSELF

SIN Number: _____ Student Number: _____

Legal Last Name: _____ First Name: _____

Middle Name: _____ Date of Birth: _____
Year / Month / Day

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Business Telephone: _____

Email: _____

THE ABOVE-MENTIONED STUDENT/APPRENTICE HAS DISCONTINUED TRAINING FOR THE FOLLOWING REASON

NAME OF APPLICANT*

DATE (Day / Month / Year)

FOR OFFICE USE ONLY

Ceased training Student's withdrew by choice

PROGRAM COORDINATOR NAME

RESOURCE CENTRE NAME

*This serves as (your official) signature.