



For more information or to request alternate formats of this form for accessibility, please contact central@durhamcollege.ca

If you are registered for one or more courses through PPL you must submit a separate withdrawal form to them at ppl@durhamcollege.ca

1. Domestic post-secondary students have until the 10th day of the semester to withdraw and receive a refund (less \$500.00 deposit).
2. Apprenticeship students have until the 1st day of classes to withdraw and receive a refund (less \$100.00).

Student Personal Information

First Name: _____ Last Name: _____
 Student Banner Number: _____ Telephone Number: _____
 DC Email: _____
 Program: _____
 Last Day of Attendance: _____
 Year of Study: _____ Semester of Study: _____

Reason for Withdrawal

Durham college is committed to continuous improvement. To help us understand the needs of the students, please indicate your reasons for withdrawal. This information is collected for statistical purposes only.

Academic:

Program Does Not Meet my Expectations	Academically Unprepared
Difficulty adjusting to program demands	Transfer to Another Institution
Transferring to Another Program within Durham College	Language Difficulty

Personal:

Family Responsibilities	Transportation Issues	Health Concerns
Career Goals Change	Competing Priorities for Time	Relocating

Financial:

Financial Pressure	Applied for OSAP but was Declined
Insufficient Funds from OSAP	Tuition/Books/Supplies are too expensive

Other:

Are you Considering Returning to Durham College: Yes No

Consent Declaration

I understand that withdrawing from my program may affect current and future OSAP funding.

I understand that if I received OSAP funding at any time, any potential refunding may be returned to NSLSC. Sponsored students may have their refund returned to their sponsor.

By submitting this form, I declare the above information to be true and accurate to the best of my knowledge as of the date of submission

Date Submitted: _____

Office Use Only

Date: _____ Dean or Designate Signature: _____

Amount of Program Incidental Fees to be Withheld: _____

Refund Owing: _____ Withdrawal Code: _____

Date Processed: _____

Notice of Collection

In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act, 1990, the personal information collected on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and may be used and/or disclosed for use with Office of the Registrar. Your personal information may also be used for various administrative, statistical and/or research purposes of the College and/or ministries and agencies of the Government of Ontario and the Government of Canada. If you have any questions about the collection, use and disclosure of your personal information by the College, please contact the Freedom of Information and Protection of Privacy Coordinator, 2000 Simcoe Street North, Oshawa, ON, L1G 0C5, 905.721.2000 ext. 3292.