



Request to Withdraw

School-College-Work Initiative Dual Credit Course

Oshawa Campus

2000 Simcoe Street North
Oshawa, ON L1H 7K4

Tel: 905-721-2000 Ext. 2020

Whitby Campus

1610 Champlain Avenue
Whitby, ON L1N 6A7

Fax: 905-721-3197

PERSONAL IDENTIFICATION		
Durham College Student Number	Date of Birth (mm-dd-yyyy)	Phone Number
First Name (Given Name)		Last Name (Family Name)
School Board: <input type="checkbox"/> Durham DSB <input type="checkbox"/> Durham Catholic DSB <input type="checkbox"/> PVNC Catholic DSB <input type="checkbox"/> Kawartha Pine Ridge DSB <input type="checkbox"/> Trillium Lakelands DSB		
COURSE INFORMATION		
Course Name		
Course Code & CRN		
Last Day of Attendance (approximate)		

REASON for WITHDRAWAL		
Durham College is committed to continuous improvement. To help us understand the needs of students, please indicate your reason(s) for withdrawal. This information is collected for statistical purposes only.		
Academic	<input type="checkbox"/> Course does not meet my expectations. <input type="checkbox"/> Language difficulty. <input type="checkbox"/> Transfer to other college or university.	<input type="checkbox"/> I felt academically unprepared. <input type="checkbox"/> Difficulty adjusting to course demands. <input type="checkbox"/> Transferring to another course.
Personal	<input type="checkbox"/> Family responsibilities. <input type="checkbox"/> Health problems.	<input type="checkbox"/> Relocating. <input type="checkbox"/> Career goals changed. <input type="checkbox"/> Competing priorities for time.
Employment	<input type="checkbox"/> Secured employment related to course. <input type="checkbox"/> Seeking employment.	<input type="checkbox"/> Secured employment not related to course.
Financial	<input type="checkbox"/> Financial pressure.	
Other Reason(s)		
Why did you choose this course?		
Are you considering returning to Durham College? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, may we contact you? <input type="checkbox"/> No <input type="checkbox"/> Yes Email address: _____		

Student Signature

Date Submitted

Guardian Signature (if under 18 years)

Date Submitted

OFFICE USE ONLY		
Received Date	Term	Withdrawal code: _____ Circulation Date: _____