

Voluntary Withdrawal

INSTRUCTIONS:

This form may be submitted in person or scanned and sent via your Carleton email (@cmail) account. In-person requests require validation of picture ID (Carleton student card, UPass or government issued photo ID). Please note: requests received through Carleton email (@cmail) do not require proof of identification.

It is advised that you meet with an academic advisor before you choose to withdraw from your degree program at Carleton University. Be sure that you are aware of the implications of withdrawing from your program (ex: if you have a government student loan, are a sponsored student, are a varsity athlete or are in any other type of situation that requires a minimum course load for eligibility purposes). You must withdraw from all courses before your request for Voluntary Withdrawal can be processed.

A. Personal Data

Last Name	First Name
Student Number	Date of Birth
Carleton Email	Telephone

B. Program Information

Degree	Major
Year Standing	Withdraw me effective Fall/Winter/Summer (circle one), Year:

C. Academic Advising

Complete this section if the student has met with an academic advisor to discuss the impact of withdrawing from the program and other available options.

_____ Advisor Signature _____ Print Name

D. U-Pass

I understand that by withdrawing from my program, I am no longer eligible for the U-Pass. Return your card to the Campus Card Office in 407 University Centre to receive a pro-rated refund for the U-Pass.

E. Declaration

I understand that

- it is my responsibility to be aware of the academic deadlines outlined in the University Calendar and the financial regulations as outlined on the Student Accounts website.
- I am responsible to the University for the payment of all outstanding fees.
- it is my responsibility to fully withdraw from all courses in order to be successfully withdrawn from the University.
- I am fully withdrawing from my program and, should I wish to resume studies at Carleton University at a later date, I will be required to submit an application for admission to degree studies; this may require additional documentation as specified by the Admissions Regulations of the Undergraduate Calendar.

_____ Student Signature

For Office Use Only:			For Office Use Only:		
Student Services:	Initial:	Date:	Records and Registration:	Initial:	Date:
Effective Term:	_____	_____	<input type="checkbox"/> Student status made inactive	_____	_____
<input type="checkbox"/> Application received	_____	_____	<input type="checkbox"/> Notation added to transcript	_____	_____
<input type="checkbox"/> Confirm student has been withdrawn	_____	_____			

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information, please contact the Registrar's Office (300 Tory Building, 613-520-3500). Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.