



REQUEST FOR WITHDRAWAL

** This request will not be processed if any signatures are missing.*

Please email or fax this completed form to CBe-learn.

Fax: 403-777-7270

Email: cbelearn@cbe.ab.ca

Last Name: _____ First Name: _____ Current Age: _____

Address: _____ Postal Code: _____

Phone: _____ CBE ID#: _____

I wish to be WITHDRAWN from the following course(s):

1. _____ 2. _____ 3. _____

Reason for Withdrawal:

DIPLOMA EXAMS: If you are registered in a Diploma Course and you withdraw, you will no longer be permitted to write your Diploma Exam at CBe-learn.

REFUND POLICY: A 90% refund on instructional fees is processed if the withdrawal form is submitted within 30 days from the course start date (the first instructional day that a student has access to a 3 or 5 credit course).

- I have discussed this course withdrawal with my Guidance Counsellor.
(Counsellor signature required to process withdrawal)
- I understand that any mark over 25% will be submitted to Alberta Education.

Guidance Counsellor

Initials or Signature

***** _____ ***** _____
Student Signature Parent Signature (if under 18)

_____ Date Refund Requested: Yes No

For Office Use Only			
<input type="checkbox"/> SIRS Withdrawal	Date: _____	<input type="checkbox"/> Textbooks Returned	Date: _____
<input type="checkbox"/> D2L Withdrawal	Date: _____	<input type="checkbox"/> Refund	Date: _____
<input type="checkbox"/> OCSR Updated	Date: _____	<input type="checkbox"/> Parent e-mailed	Date: _____
August 25, 2017 (MT)			