



School College Work Initiative: RPT5

College Course Withdrawal Form

Date: _____ **Date of Last Class** _____

Student Name: _____

Secondary School: _____

College Program/Course: _____

Course Location: Please Check

College Campus: Fanshawe Simcoe, _____; Conestoga Brantford, _____; Mohawk Fennell Campus _____

Secondary School: _____

Other: _____

Reason For Withdrawal:

Interventions?

Date of Withdrawal: _____

Student Notified: Yes or No

Instructor's name: _____

Signature _____ **Date:** _____

Please Fax/scan copy of the form to the Respective Board Contact:

BHNCDSB: Terre Slaght: tslaght@bhncdsb.ca

GEDSB: Leanne Smith; Leanne.smith@granderie.ca