



**NORTH ISLAND
COLLEGE**

Student Withdrawal Form

Place barcode here

WDR

Date: _____

Name: _____

Student Number: _____

Course: _____

I understand that I am withdrawing from my course within the withdrawal period, and that there is no refund or academic penalty.

Student Signature

The information on this form is collected under the authority of the College and Institute Act, and will be used for the purposes of education and research. Queries about the collection or correction of personal information should be addressed to the Registrar, North Island College, 2300 Ryan Road, Courtenay, BC V9N 8N6

Rev: 06/07/04