



**NORTH ISLAND
COLLEGE**

Student Withdrawal Form

Date: _____ Student No.: _____

Student Name (print): _____

1. Term: _____ Course Code: _____ Section: _____

2. Term: _____ Course Code: _____ Section: _____

3. Term: _____ Course Code: _____ Section: _____

4. Term: _____ Course Code: _____ Section: _____

5. Term: _____ Course Code: _____ Section: _____

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

FOR OFFICE USE

Date Received: _____ Received by: _____
(Signature in Full)

Date Entered: _____ Entered by: _____
(Signature in Full)