

# International Withdrawal

## Prior to the 10<sup>th</sup> day of Class



### STUDENT INFORMATION (please print clearly)

Student # _____	Date of Birth (dd/mm/yyyy) _____ / _____ / _____
Last Name _____	First Name _____
Phone Number _____	Email _____

### WITHDRAWAL

I request that my registration at Fanshawe College be **withdrawn**. I hereby certify that I have returned all College property loaned, assigned or consigned to me while I have been registered as a student at Fanshawe College.

Term \_\_\_\_\_ Program Name \_\_\_\_\_ Program Level \_\_\_\_\_

**Reason for Withdrawal**

Leaving Canada       Health       Visa Application Denied (*Letter Provided* \_\_\_\_\_)

Going to another institution\*  
*\*Letter of Admission must be provided*      \_\_\_\_\_  
*(Name of Institution)*

Other \_\_\_\_\_

Non-Refundable Amounts: <input type="checkbox"/> \$250.00 <input type="checkbox"/> \$2300.00 <input type="checkbox"/> Fanshawe Cares: _____ (variable)
<b>Total Amount Paid:</b> _____ <b>Eligible Refund Amount:</b> _____

**Student Signature** \_\_\_\_\_      **Date** \_\_\_\_\_

Freedom of Information and Protection of Privacy Act: The information on this form is collected under the legal authority of the Ministry of Education and Training, R.S.O. 1990, cM19:R.R.O. 1980, Reg. 770. It is used for administrative and statistical purposes. For further information, please contact the Registrar, Fanshawe College, P.O. Box 7005, London, ON, N5Y 5R6, telephone (519) 452-4277

### REFUND INFORMATION

**Payment made by:**     Cheque/Debit/Cash/ Online Banking     Credit Card     Peer Transfer/Wire Transfer\*

**Refund processed by:**     Cheque     Credit Card     Peer Transfer/Wire Transfer\*

**\* Wire Transfer Information:**

Bank Name: \_\_\_\_\_ Bank Swift Code: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_ Bank Acct #: \_\_\_\_\_

Account Holder Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>		
PROCESSED BY: _____	DATE: _____	STAFF INITIALS: _____
Refund Approved by: _____	Date: _____	

<p><b>Date Stamp &amp; Initial</b></p>
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