



# Withdrawal/Transfer Request Form

The Office of Research and Field Development, Faculty of Education  
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Tel: (416) 736-5003/Fax: (416) 736-5023  
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Website: [www.raiseyouraq.ca/](http://www.raiseyouraq.ca/)

For Withdrawal Policy and Refund Schedule please visit our website at: <http://www.raiseyouraq.ca/fees.html>

## PERSONAL INFORMATION (Please print in block letters)

Ontario College of Teachers  
Registration Number:

Birth Date:  /  /   
MM DD YY

Mr.  Mrs.  Miss  Ms

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

## Course Code and Course Title for withdrawal/transfer from

Course Code

\_\_\_\_\_

Course Title

## Course Code and Course Title to Transfer to

Course Code

\_\_\_\_\_

Course Title

## Reason for withdrawal request

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Your signature certifies you are aware of the Withdrawal Policy & Refund Schedule. See: <http://www.raiseyouraq.ca/fees.html>

## FOR OFFICE USE ONLY:

Total Amount Paid: \_\_\_\_\_

### NON-REFUNDABLE:

Registration Fee \$50 \_\_\_\_\_

Approved Date: \_\_\_\_\_

Approval Signature: \_\_\_\_\_

Test Fee \$50 \_\_\_\_\_

Date Processed: \_\_\_\_\_

Processing Signature: \_\_\_\_\_

### REFUND SCHEDULE:

Before Start Date - \$100 \_\_\_\_\_

COMMENTS: \_\_\_\_\_

After Start Date - \$200 \_\_\_\_\_

Total Refund Amount: \_\_\_\_\_