



WITHDRAWAL REQUEST FORM

The Office of Research and Field Development, Faculty of Education
023 Winters College, 4700 Keele Street, Toronto, ON M3J 1P3
Tel: (416) 736-5003/ Fax: (416) 736-5023
Email: raiseyouraq@edu.yorku.ca
Website: 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 to withdraw from

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: _____