



**REQUEST FOR VOLUNTARY WITHDRAWAL  
FROM INDIVIDUAL COURSE WITHIN A FULL-TIME PROGRAM**

**VOLUNTARY WITHDRAWAL:**

*It is the student's responsibility to withdraw from a course before the deadline to ensure no academic penalty is incurred. There are no refunds for individual course withdrawals within a full-time program (see statement of account for important full-time program refund policy information). See course outline for withdrawal policy.*

**\*\* Please submit to the PACE Academic Advisor \*\***

**PLEASE PRINT CLEARLY**

Last Name	First Name	Middle Name
Email Address	Student Number	
Mailing Address	Date of Birth (MM/DD/YYYY)	
City	Province	Postal Code
Home Telephone	Cellular Telephone	

**Course Name:** \_\_\_\_\_ **Course Number:** \_\_\_\_\_

**Reason for Withdrawal:** \_\_\_\_\_

**FULL-TIME DIPLOMA PROGRAM**

- |   |   |
|---|---|
| <input type="radio"/> Educational Assistant               | <input type="radio"/> Network Security  |
| <input type="radio"/> Human Resource Management           | <input type="radio"/> Project Management  |
| <input type="radio"/> Managerial and Financial Leadership | <input type="radio"/> Public Relations, Marketing & Strategic Communications Management |
| <input type="radio"/> Marketing Management                | <input type="radio"/> Web Development   |

Program Start Date:       FALL TERM       WINTER TERM       SPRING TERM

**Have you advised your funder of the course withdrawal?**       Yes    No

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Academic Advisor**

\_\_\_\_\_  
**Date**

<b>OFFICE ONLY</b>
Non-Refundable Transfer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____
Authorization: _____