



Red Deer College
 100 College Blvd.,
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 Red Deer, Alberta
 CANADA T4N 5H5
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 Fax: 403.357.3660
 E-mail: registrars@rdc.ab.ca
 Web-site: www.rdc.ab.ca

COURSE WITHDRAWAL REGISTRAR

The personal information on this form is being collected under the authority of the Post-Secondary Learning Act and the Freedom of Information and Protection of Privacy Act of Alberta. It will be used by the Registrar's office for the purpose of withdrawal from courses at Red Deer College. The information will be protected in compliance with the provisions of the Freedom of Information and Protection of Privacy Act of Alberta. The information will be retained by the department in accordance with Information Management guidelines, after which it will be destroyed in a secure manner. If you have any questions about the collection and use of this personal information, please contact the Registrar's Office, Red Deer College, 100 College Blvd., Box 5005, Red Deer, AB T4N 5H5. Telephone 403.342.3300.

- If withdrawal from this course reduces your total credits to less than that required per term, your student loan/grant will be cancelled.
- Completion of this form signifies that you wish to withdraw from the indicated course but intend to continue attending other courses in the same term.
- If you wish to withdraw from all courses, please use the **CANCELLATION/COMPLETE WITHDRAWAL** form.
- It is your responsibility to ensure that this form is received in the Registrar's Office by the withdrawal deadlines listed in the Academic Schedule (see RDC Calendar).

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
RDC STUDENT ID #	PROGRAM	

CONSULTATION

Please indicate with whom you have consulted about your decision to withdraw:

- Chairperson/Associate Dean
 Instructor
 Academic Advisor
 Funding Advisor

COURSE INFORMATION

YEAR OF PROGRAM (CHOOSE <input checked="" type="checkbox"/> ONE) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
TERM Please indicate the calendar year.	FALL (Sept. - Dec.) _____ YEAR	WINTER (Jan. - April) _____ YEAR	FALL/WINTER (Sept. - April) _____ YEAR
	SPRING (May/June) _____ YEAR	SUMMER (July/Aug.) _____ YEAR	

CRN (1-5 DIGITS)	SUBJECT ACCT	COURSE # 202	SECTION A

Labs and Seminars associated with Lecture courses will be withdrawn automatically.

ACKNOWLEDGEMENT

I acknowledge that approval of this request can cause termination of student loan funding, ineligibility for awards and scholarships, inability to meet program graduation requirements or difficulty in meeting requirements to transfer to a program offered at another institution. I further understand that a grade of "WD" will be assigned for the course(s) on my transcript.

STUDENT SIGNATURE	DATE
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FOR OFFICE USE ONLY			
DATE RECEIVED	INITIALS	DATA INPUT DATE	INITIALS