

Course/Program Withdrawal Form

Version: 2023-002
 Last Modified: April 19, 2023

INSTRUCTIONS

Please read the [Withdrawal Policy](#) before completing this form.

To withdraw from a course or program, please complete and submit this form to the applicable program contact. If you have a valid reason for withdrawal as outlined in the Withdrawal Policy (section 3), please attach the appropriate documentation to your email.

- Specialization Program: sp@college-ic.ca
- Practice Management Education: pme@college-ic.ca

Licensee Information

Name:

Last, First

College ID Number:

Please enter "R" or "S" followed by the 6 digits

Phone Number:

Email Address:

Reason for Withdrawal

Please select your reason for withdrawal and provide relevant details.

Medical Emergency	
Birth	
Death	
Other Emergency	
Other Reason	

Declaration

Read the form, including the declaration below, make sure you understand it and, if you agree, sign it. If you do not understand something, get professional advice before signing. By signing the form, you are declaring that the information is correct and understood.

- I confirm that all the information and supporting documentation contained in or provided with this Course/Program Withdrawal Form are accurate and true. I authorize the College to contact individuals to confirm the authenticity of the supporting documentation accompanying this form.

_____ Licensee Name	_____ Signature
_____ Date	

For College Use Only

Received by: _____

Date: _____

- Decision: Withdrawal Approved
- Withdrawal Rejected based on the review of the Course and Program Withdrawal Form and its supporting documentation

Collection and use of personal information: The personal information on this form will be used to process the licensee's submitted form. If you have any questions about the collection or use of this information, contact the College at prep@college-ic.ca.