



# 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](mailto:raiseyouraq@edu.yorku.ca)  
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 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: \_\_\_\_\_