1. STUDENT INFORMATION

SURNAME										
GIVEN NAMES										
STUDENT NUMB	ER									
College of Registration			EM	TR	SMC	RG	SA	KN	WY	
I wish to withdra	NENT OF INTENT TO NEW from the Toronto Solvery current registration	School of	-			Month	DENT) - Year			
Session	College Prog		ram Yea		r of Study Fall/f		I/Part Tir	Part Time		
REASON FOR WIT	ГHDRAWAL:									
STUDENT SIGNAT			_ ДАТЕ	E:	Moi	nth	Year			
3. То ве с	OMPLETED BY THE	COLLEGI	E AT AU	THORIZ	ZATION					
EFFECTIVE DATE	OF WITHDRAWAL:									
IS ANY ACADEMIC	Da PENALTY INCURRED BY	,		rear L:						
REASON FOR WIT	≣):	SEE A	BOVE	Unknown						
AUTHORIZED BY:				_	DATE:	Day	Month	Year		
Diamora										

DISTRIBUTION:

ORIGINAL: COLLEGE COPY: STUDENT

FOR ADVANCED DEGREE STUDENTS, A COPY OF THIS FORM SHOULD BE SENT TO TST AD OFFICE