

WITHDRAWAL FROM PROGRAM (BD)

If you are planning to withdraw from your program, carefully consider your decision. Make sure you are fully informed of the various alternatives to program withdrawal before taking this action. It is recommended that you discuss your options, including program withdrawal with your College BD Director. Once you withdraw, if you decide at a later date to resume studies you may be required to apply for re-admission and re-admission will not be guaranteed.

If you withdraw from your program with in-progress or incomplete course(s), a final grade of 'INC' will be recorded on your academic record. The definition of 'INC' can be found in your program Handbook.

Depending on when you withdraw from your program, you may receive a fees rebate. A refund schedule is available at www.fees.utoronto.ca. If you are in receipt of funding and/or awards you may be required to refund all or a portion of your student funding and/or award(s). Contact your college registrar with any funding-related questions.

Section 1: Student Information (to be completed by the student)

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Last Name:	First Name: Student		Student Nu	ımber:
College of Registration:	L	Program:		
□ EM □ KN □ RG □ SA □ SM □ TR □ WY				
U of T Email: Full-time Part-time			Part-time	Year of Study:
Reason for Withdrawal:				
Declaration: By signing this form Lam withdraw	ving from my current AD pro	ogram in which I am re	agistared Lu	nderstand that withdrawal is a
Declaration: By signing this form I am withdrawing from my current AD program in which I am registered. I understand that withdrawal is a voluntary action that I and taking of my own initiative and that I many not appeal this decision. Once I withdraw I understand that re-admission				
to a BD program is not automatic or guaranteed	d in any way.			
Student's Signature:				Date:
Section 2: College Acknowledgment (to be completed by college at authorization)				
Effective Date of Withdrawal:	Is	Academic Penalty In	curred by this	s Withdrawal?
	☐ Yes ☐ No			
Name of College Authority:				
Name of College Authority.				
Signature:				Date:
Personal information is collected for the purpose of admission, registration, academic programs, university-related student activities, activities of student societies, safety, financial assistance and awards, graduation and university advancement, and reporting to government.				
Your Personal Information will be protected at all times.				
If you have questions please contact the TST Registrar, Toronto School of Theology, 47 Queen's Park Crescent East, Toronto, ON, M5S 2C3				
	or call 416-97	'8-4040.		
Office Use:				
Original: College Registrar	Copies: [\square Student \square	College BD	Director
Date Entered on ROSI:				