

WITHDRAWAL FROM DMIN PROGRAM

If you are planning to withdraw from your program (§A7.4), 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 Faculty Advisor/Thesis Supervisor, College Graduate Director, and the DMin Director. Once you withdraw you may petition the DMin Director for readmission at a later date; each petition will be considered by the CSM Admissions Committee. 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 the DMin Handbook (§A7.8).

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.

Fill out this form using the fillable PDF function. Print, sign, and return to College Registrar.

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

Last Name:	First Name:		Student Number:	
College of Registration:	<u>.</u>	Program:		
		DM	1in	
U of T Email:				Year of Study:
O Of T Littail.				real of Study.
Reason for Withdrawal:				
Declaration: By signing this form I am withdrawing from my current Graduate 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 the DMin program is not automatic or guaranteed 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 Incurred by this Withdrawal?			
		Yes	No	
Name of College Authority:				
Signature:				Date:
Signature.				Date.
Personal information is collected for the purpo	so of admission, rogistra	tion academic program	ne university	rolated student activities activities
of student societies, safety, financial assis	_		-	
You	ır Personal Information v	vill be protected at all t	imes.	
If you have questions please contact the TST	_		en's Park Cres	scent East, Toronto, ON, M5S 2C3
	or call 416	-978-4040.		
Office Use:				
Original: College Registrar	Copies:	☐ Student ☐ Colle	ege Graduat	e Director DMin Office
Date Entered on ROSI:				
Date Effected off NOSI.				