TORONTO SCHOOL OF THEOLOGY

WITHDRAWAL FROM PROGRAMME

PLEASE TYPE.

1. TO BE COMPLETED BY THE COLLEGE UPON REQUEST OF STUDENT.

DATE _____ (DAY) _____ (MONTH) _____ (YEAR) STUDENT NUMBER _____

SURNAME _____ GIVEN NAMES _____

ADDRESS _____

2. TO BE COMPLETED BY STUDENT.

I WISH TO WITHDRAW FROM THE TORONTO SCHOOL OF THEOLOGY AS OF _____ (DAY) _____ (MONTH) _____ (YEAR)

THE DETAILS OF MY CURRENT REGISTRATION ARE:

_____ (SESSION) _____ (COLLEGE) _____ (PROGRAMME) _____ (YEAR IN PROGRAMME) _____ (FULL/PART TIME)

REASON FOR WITHDRAWAL: _____

_____

_____ (STUDENT SIGNATURE) DATE: _____ (DAY) _____ (MONTH) _____ (YEAR)

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3. TO BE COMPLETED BY THE COLLEGE AT AUTHORIZATION.

EFFECTIVE DATE OF WITHDRAWAL: _____ (DAY) _____ (MONTH) _____ (YEAR) IS ANY ACADEMIC PENALTY INCURRED BY THIS WITHDRAWAL? _____

REASON FOR WITHDRAWAL: SEE ABOVE ☐ STUDENT DECEASED (DATE) _____ (DAY) _____ (MONTH) _____ (YEAR)

UNKNOWN ☐

AUTHORIZED BY: _____ (COLLEGE OFFICIAL) DATE: _____ (DAY) _____ (MONTH) _____ (YEAR)

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9/83