



Collège communautaire du Nouveau-Brunswick

Cessation of Training

GENERAL INFORMATION

Student's name: _____ Student identification no.: _____
 Training program: _____ CSP no.: _____
 Withdrawal from program Withdrawal from course Course code or title: _____
 Effective date of withdrawal from training: _____ Last day in class: _____

REASON FOR CESSATION

Successfully completed (COMP)

CESSATION OF TRAINING REQUIRED BY CAMPUS:

Lack of progress (DISM) Disciplinary reasons (SPND)
 Administrative withdrawal (WADM):
 Non-payment of tuition (016) Death (DEAT) Prolonged absence (015)

CESSATION OF TRAINING REQUESTED BY STUDENT:

Withdrawal (DISC):
 Wrong choice of program/course (009) Financial problems (006) Transportation problems (005)
 Unsatisfactory academic performance (022) Back to work (001) Moving (003)
 Sickness (008) Personal problems (007) Other: _____
 Housing problem (004)

TRANSFER TO ANOTHER PROGRAM OR CAMPUS (DISC – STUDENT TRANSITION):

Program : _____ Campus : _____

AUTHORIZED LEAVE OF ABSENCE (LEAV and RLOA)

REMARKS :

I release the CCNB - Campus de/d' _____ from all responsibility in case of failure due to my withdrawal from this program from _____ to _____

Date: _____ Student's signature: _____

Date Signature : _____ Instructor

Signature : _____

Date

Department Head or Coordinator

**The original form must be sent to the registrar's office as soon as possible.
A copy of this form must be sent to the campus Principal's office as soon a possible.**