



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 :

Empty box for 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: _____

Signature : _____ Instructor

Signature : _____ 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 Head of Department's office as soon as possible.