CICBV Programs Office/York University
123 Atkinson Building 4700 Keele Street,
York University, Toronto, ON, M3J 1P3

+1 416 736 5130
+1 416 650 8042 (Fax)
cicbv@yorku.ca

WITHDRAWAL REQUEST FORM

Please complete the following information:

Personal Information		
Last Name	First Name	
School of Continuing Studies (SCS) Student Number		
Date of Birth	Phone Number	E-mail

I would like to WITHDRAW my registration in the following course or program.	
Program/Course Name	Session

Reason for your withdrawal request:

Medical (Please attach Medical Documentation) Other

A) If you paid by cheque or money order, please provide the information requested below:

Last Name	First Name	
Address		
City	Province	Postal Code
Phone Number	E-mail	

B) If you paid by credit/debit card, the refund will be paid to the original card and cardholder. Please note you must come in person if you paid by debit card to be refunded. If you are to be refunded in wire transfer, please fill out the second page and submit to cicbv@yorku.ca

Debit Card Credit Card Bank Transfer

Declaration and Signature

DECLARATION: I have provided a full and accurate account of my situation. I recognize that it is my responsibility to include all documentation. I understand that missing documentation may result in the delay or denial of my refund. I have read and understood the Withdrawal Policy.

Signature:	Date:

Protection of Privacy: Personal information in connection with this form is collected under the authority of The York University Act, 1965 for educational, administrative and statistical purposes. The information will be used to process your enrolment and registration in academic programs; to record and track your academic progress; and for related record-keeping purposes. If you have any questions about the collection, use or disclosure of this information by the School of Continuing Studies, please contact the CICBV Program Office/York University at123 Atkinson, 4700 Keele Street, Toronto, ON, M3J 1P3, 416-736-5130, cicbv@yorku.ca

>>> **OFFICE USE ONLY** <<<

Processed by (please print)	Approved by (please print)
Signature:	Signature:
Date:	Date:

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WITHDRAWAL REQUEST FORM

Complete the section that corresponds to your original payment method:

Bank Transfer (Canadian bank only), certified cheque or money order

Last Name	First Name	
Street Address		
City	Province	Postal Code
Phone Number	E-mail	

Bank Transfer (foreign bank)

Account Holder Information (ALL FIELDS REQUIRED, PLEASE PRINT CLEARLY)

Last Name	First Name	
Address		
City	Province	Postal Code
Phone Number	E-mail	

Bank Information (ALL FIELDS REQUIRED, PLEASE PRINT CLEARLY)

Name of Bank		
Bank Street Address		
City	Province	Country
Bank Phone Number	Bank E-mail Address	
Account Number	SWIFT Code	

Withdrawal Policy: Students only have **48 hours** from the time of registration to withdraw to be eligible for a refund.

Declaration and Signature

DECLARATION: I have provided a full and accurate account of my situation. I recognize that it is my responsibility to include all documentation. I understand that missing documentation may result in the delay or denial of my refund. I have read and understood the Withdrawal Policy.

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