

## **Registration Withdrawal Form**

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. Please see the reverse side of this form for more information.

<b>TO BE COMPLETED BY STUDENT:</b> Please print clearly.			
Student Number:	Email:		
Mr./Ms. Given Names:		Surname:	
Phone: ()			
Program:	Year:		
Reason for Withdrawal:			
<ul> <li>□ Academic difficulties</li> <li>□ Financial difficulties</li> <li>□ Illness</li> <li>□ Other:</li> <li>Withdrawing from:</li> <li>□ Fall Session 20</li> <li>□ W</li> </ul>	☐ Emotional/psychological issues☐ Transfer to another university	☐ Transfer to another faculty	
Will you apply to re-enrol?  If you received a Scholarship for	☐ International Student Fees ☐ Do ☐ Yes ☐ No ☐ Not sure at thi the current academic year, please note that t awards@ecf.utoronto.ca for details.	s time	
Student Signature:		Date:	
	To Be Completed by an Academic A	Advisor	
Academic Advisor:	Signature	Date	
***T	completed form to the Registrar's O  Be Completed by the Office of the	Registrar***	
	Process date:		
Will there be an academic penal Comments:	ty?   Yes   No Will there be	any tees refunded? ☐ Yes ☐ No	

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admission, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and for the purpose of statistical reporting to government agencies. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act.

If you have questions, please refer to www.utoronto.ca/privacy or contact the University's

Freedom of Information and Protection of Privacy Office

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