REQUEST FOR WITHDRAWAL

Please email this completed form to CBe-learn.

Email: cbelearn@cbe.ab.ca

** This request will not be processed if any signatures are missing.*

Last Name: First Name: Current Age:

Address: Postal Code:

Phone: CBE ID#:

I wish to be WITHDRAWN from the following course(s):

1. 2. 3. 4.

Reason for Withdrawal:

- ☐ I no longer require this course
- ☐ I am taking the course at a different school
- ☐ Online learning does not work well for me
- ☐ Other: _____

DIPLOMA EXAMS: If you are registered in a Diploma Course and you withdraw, you will no longer be permitted to write your Diploma Exam at CBe-learn.

REFUND POLICY: A 90% refund on instructional fees is processed if the withdrawal form is submitted within 30 days from the course start date (the first instructional day that a student has access to a 3 or 5 credit course).

☐ I have discussed this course withdrawal with my Guidance Counsellor.
(**Counsellor signature required to process withdrawal**)

Guidance Counsellor
*
Initials or Signature

* _____ * _____

Student Signature Parent Signature (if under 18)

_____ Were fees paid? ◯ Yes ◯ No

Date

For Office Use Only			
☐ PWS Course Withdrawal	Date:	☐ Textbooks Returned	Date:
☐ D2L Course Withdrawal	Date:	☐ Refund	Date:
☐ OCSR Updated	Date:	☐ PWS Withdrawal	Date:
☐ Withdrawn from Diploma		Date:	
NOTES:			

Revised Oct 13/22 (IW)