



# COURSE WITHDRAWAL REQUEST

School of Computing and Academic Studies

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**Instructions:** 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Close PDF then re-open to ensure the content you filled in has saved, 6) Submit to [records@bcit.ca](mailto:records@bcit.ca)

Fields marked with an asterisk (\*) are mandatory.

## STUDENT INFORMATION

Your BCIT ID Number* <b>A0</b>	Legal First Name (given name)*	Legal Last Name (family name)*	Birth Date (DD-MMM-YYYY)*
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## WITHDRAWAL REQUEST

Program Name*		Set Number (e.g. 2E)	
Course Code (e.g., FMGT 1100)*	Course Title (e.g., Accounting 1)	Course Reference Number (CRN)*	
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Reason for withdrawal request*			
<p><b>Plan to Complete*:</b> Explain when and how you intend to make up the dropped courses. Include PTS course numbers where appropriate.</p>			

## NOTE:

- By withdrawing from the above course(s), you may not be able to take the courses required in subsequent terms. Please review the program course matrix and be aware of pre-requisites for subsequent courses.
- There is no guarantee that equivalent PTS courses will be offered in accordance with your desired term or schedule.
- A full-time two-year program should be completed within three years from the start date.
- Students who withdraw from 50% or more of their current registered courses in any term may be unable to complete the program.
- All Level 1 and Level 2 courses must be complete before students are eligible for Level 3.

Student Signature*	Date (DD-MMM-YYYY)*
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## PROGRAM AREA

Program Head Signature *	Date (DD-MMM-YYYY)*
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