



# FULL-TIME STUDIES COURSE WITHDRAWAL REQUEST

## Student Records

SW-1, First Floor, 3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

T 604.432.8353 TF 1.866.434.1610 E records@bcit.ca

**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.

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

### PERSONAL 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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### CONTACT INFORMATION

Please provide at least one phone number\*

Mailing Address (number and street)*			Home Phone Number
City*	Province	Postal Code*	Mobile Phone Number
Country*		Email Address*	

### WITHDRAWAL REQUEST

Program Name*		Set Number
Course Code (e.g., FMGT 1100)*	Course Title (e.g., Accounting 1)*	Course Reference Number (CRN)*
Course Code*	Course Title*	Course Reference Number*
Course Code*	Course Title*	Course Reference Number*
Reason for Request*		
Student Signature*		Date (DD-MMM-YYYY)*

### TO BE COMPLETED BY THE PROGRAM HEAD

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