



FULL-TIME STUDIES COURSE WITHDRAWAL REQUEST

Student Records

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

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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.

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

PERSONAL INFORMATION

Your BCIT ID Number* AO	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)*
Reason for Request*		
Student Signature*		Date (DD-MMM-YYYY)*

TO BE COMPLETED BY THE PROGRAM HEAD

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