Cancellation / Withdrawal Request

TRU-OL Student Services, 900 McGill Road, Kamloops, BC V2C 0C8 Fax 250.852.6405 www.truopen.ca

GENERAL INFORMATION

- Use this form to cancel your registration or withdraw from courses delivered by TRU-OL, SFU, or UVic before the deadline stated in your welcome letter.
- Complete and fax or mail this form to Student Services.
- The information you provide on this form is collected under the Thompson Rivers University Act (BC) and will only be used to administer your request.
- Direct questions to Student Services, email: student@tru.ca or phone: 1.800.663.9711 (toll-free in Canada) or 250.852.7000 (Kamloops and International).

REGISTRATION CANCELLATION AND WITHDRAWAL POLICIES

- · Refer to course registration cancellation and withdrawal polices, as follows:
 - In the TRU-OL Calendar.
 - On the TRU-OL website at www.tru.ca/distance/services/policies/policies.html.
 - · Contact Student Services (email or phone as above).
- Policies outline eligibility for registration cancellation and course withdrawal, transcript notations, and any potential refunds. Note that on registration you agreed to accept and abide by applicable policies and procedures.
 - The course administration and technology fees are not refundable for cancellations.
 - No fees are refundable for withdrawals.

TRU-OL COURSES DELIVERED BY SFU OR UVIC

 Refer to welcome letters in your course package for details on registration cancellations and withdrawals and course materials returns.

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PERSONAL DATA (PRINT CLEARLY)

SURIVAIVIE (legal)	
FIRST NAME (legal) FULL MIDDLE NAME(S) (legal)	
MAILING ADDRESS	
MAILING ADDRESS (include buzzer code if applicable)	
CITY / TOWN / VILLAGE	
PROVINCE / STATE POSTAL CODE / ZIP CODE COUNTRY	

HOME TELEPHONE NUMBER				BUSINESS TELEPHONE NUMBER			
AREA CODE			AREA CODE	LOCAL			
EMAIL ADDRESS (PRINT CLEARLY)							

THOMPSON RIVERS

OPEN LEARNING

REQUEST

Check ($\sqrt{}$) one: I REQUEST TO CANCEL THE FOLLOWING COURSE REGISTRATION $\ \square$ I REQUEST TO WITHDRAW FROM THE FOLLOWING COURSE

COURSE NUMBER | COURSE NAME

Check ($\sqrt{}$) one:

I REQUEST TO CANCEL THE FOLLOWING COURSE REGISTRATION $\ \square$ I REQUEST TO WITHDRAW FROM THE FOLLOWING COURSE \square

COURSE NUMBER COURSE NAME

Check ($\sqrt{}$) one:

I REQUEST TO CANCEL THE FOLLOWING COURSE REGISTRATION $\ \square$ I REQUEST TO WITHDRAW FROM THE FOLLOWING COURSE \square

COURSE NUMBER | COURSE NAME

APPLICABLE ONLY TO CANCELLATIONS

I AM RETURNING MY COURSE PACKAGE(S) IN NEW CONDITION BEFORE MY CANCELLATION DEADLINE (Return course packages by mail to TRU-OL, 900 McGill Road, Kamloops, BC V2C 0C8 or in person to TRU, 900 McGill Road, Kamloops, BC.)

I AM NOT RETURNING MY COURSE PACKAGE(S)

STUDENT'S SIGNATURE

DATE

FAX OR EMAIL THIS FORM (SEE TOP OF FORM) 05/20/11 • MC114535

