

# NOTICE OF WITHDRAWAL

Please submit this form to any Office of the Registrar within the first two weeks of the semester. Notice of Withdrawals will **not** be processed after fee payment deadline

## Office of the Registrar

<b>Abbotsford</b> 33844 King Rd Abbotsford, BC V2S 7M8	<b>Chilliwack at CEP</b> 45190 Caen Ave Chilliwack, BC V2R 0N3	<b>Hope</b> 1250 7th Ave Hope, BC V0X 1L4	<b>Mission</b> 33700 Prentis Ave Mission, BC V2V 7B1
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604.854.4501  
**Toll Free:** 1.888.823.8734  
**Fax:** 604.853.0138

<b>CRN</b>	<b>Course</b>	<b>Section</b>
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Please withdraw the following student(s) who did not attend the *first* class:

**FAIL  
URE  
TO  
ATT  
END**

Student Name	Student Number

Please withdraw the following students who do not meet the pre/corequisites:

**MIS  
SING  
PRE  
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**COREQUISITES**

Student Name	Student Number

\_\_\_\_\_  
Instructor's signature

\_\_\_\_\_  
Date

*Refund policy applies (10% fee penalty)*