

**COURSE WITHDRAWAL FORM**

**Students:** To withdraw from a credit course after the 12% completion mark, please complete and submit this form to your Program Leader/Designate. **The email address used for submission must match the email address on the student record for validation.**

**School of Business Students:** You may withdraw from your classes directly in your MyNAIT portal up to 74% completion mark. If you withdraw from a course on or after 75%, you must complete and submit this form.

Refunds will not be issued after the 12% course completion mark has been reached. Please also be aware that:

- *A withdrawal may impact your funding.* Learn more by contacting the [Student Service Centre](#).
- *For international students, withdrawing from classes may impact your full-time student status.* Studying part-time may impact your eligibility for a post-graduation work permit. [View eligibility](#).
- For extraordinary circumstances beyond a student's control (such as a critical medical condition or diagnosis), please submit a [Compassionate Withdrawal Form \(PDF\)](#).

**Program Leader:** Please submit this form to the Records team in the Office of the Registrar once you have reviewed them.

<b>Student Name: (Last, First)</b>	<b>Student Number:</b>	<b>Program:</b>
<b>Phone Number:</b>	<b>Email:</b>	

**Reason for Withdrawal (select one):**

- |   |  |
|---|--|
| <input type="checkbox"/> Personal                         | <input type="checkbox"/> Comfort with instructor/classroom/peers |
| <input type="checkbox"/> Academic Difficulties            | <input type="checkbox"/> Other (provide reason):                 |
| <input type="checkbox"/> Delivery Mode                    |  |
| <input type="checkbox"/> Dissatisfied with course content |  |
| <input type="checkbox"/> Financial                        |  |
| <input type="checkbox"/> Medical – COVID-19               |  |

TERM	COURSE NAME	COURSE NUMBER

**Are you funded or sponsored?** ☐ Loan ☐ Grant Funded ☐ Sponsored \_\_\_\_\_  
(Name of sponsoring agency)

**Student Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
MM/DD/YY

**Program Leader/Designate:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
MM/DD/YY