

# Official Withdrawal Form

Leave of Absence       Withdrawal – self initiated       Withdrawal – program initiated

Student Name

Student Number

Address No. Street Apt No

City Province Postal Code

Program Name

Telephone

Michener email

Semester

## Withdrawal schedule:

- **Before the official start of classes for any given semester and up to 10 days of the beginning of a semester:**
  - No academic penalty      - Full tuition refund
- **From the 11<sup>th</sup> day of classes to the 20<sup>th</sup>:**
  - W (Withdrawn) will appear on transcript - 60 per cent of tuition fees paid, (less the tuition deposit if applicable).
- **After the 20<sup>th</sup> day of classes, but before the end of the 7<sup>th</sup> week of scheduled classes:**
  - W (Withdrawn) will appear on a student's transcript - will receive no tuition refund for the current semester..
- **After the 7<sup>th</sup> week of scheduled classes until the last day of classes:**
  - WF (Withdraw Failing)
  - no tuition refund for the current semester
- **After the last day of classes:**
  - a student may not withdraw from a course or program. The grade(s) earned at that time will appear on a student's transcript
  - no tuition refund for the current semester

\_\_\_ I understand the implications of my decision to withdraw/take a Leave of Absence (LOA) has on my academic record and financial obligation to Michener and to OSAP (if applicable)

If you have received funding from the **Ontario Student Assistance Program (OSAP)**, they will be notified of your deferral/ withdrawal and your last day of attendance. Your deferral/ withdrawal will affect your OSAP entitlement. Your lending institution will notify you of the amount and details of your OSAP repayment.

For further information, please contact: The Registrar's Office and make an appointment with the Registrar, (416) 596-3101, ext 3346.

Student Signature

Date

Last Day of Attendance

**Reason for Withdrawal (Choose one only)**

- |   |  |
|---|--|
| <input type="checkbox"/> Unsatisfactory Progress              | <input type="checkbox"/> Financial                 |
| <input type="checkbox"/> Discipline Problems, poor attendance | <input type="checkbox"/> Illness, maternity, death |
| <input type="checkbox"/> Academic Misconduct                  | <input type="checkbox"/> Family responsibilities   |
| <input type="checkbox"/> Course unsuitable to student         | <input type="checkbox"/> Personal                  |
| <input type="checkbox"/> Leaving to attend another school     | <input type="checkbox"/> Obtained Employment       |

Other (please explain):

**Documentation Supporting Request for Deferral or Leave of Absence:**

- Attached  Verified  Not Applicable

**Deferral or Leave of Absence (circle one):**

Approved  Anticipated date of return: \_\_/\_\_/\_\_  Deadline for written notice of intent to return: \_\_/\_\_/\_\_  
mm/dd/yy mm/dd/yy

Conditions for re-admission:

Program Chair Signature: \_\_\_\_\_  Date: \_\_/\_\_/\_\_  
mm/ dd /yy

Not Approved  Reason:

Program Chair Signature: \_\_\_\_\_  Date: \_\_/\_\_/\_\_  
mm/ dd /yy

DEFERRAL or LEAVE OF ABSENCE REQUESTS REQUIRE PROGRAM CHAIR APPROVAL. ONCE APPROVED FEES STATUS IS MANAGED BY THE OFFICE OF THE REGISTRAR.

SIGNATURE OF RELEASE (Signatures indicate that student has no outstanding debt, material, equipment or other obligation to the college)

\_\_\_\_\_  
Program Chair

\_\_\_\_\_  
Registrar



# Exit Interview

---

**Student Name**

---

**Student Number**

---

**Program**

---

**Semester**

**REASON(S) for leaving:**

What was your primary reason for enrolling at the Michener?

What did you like the least about the program?

What did you like the most?

Did you find your program academically challenging?

How did you feel you were treated during your time with us? Academically? Personally?

Was there a faculty member with whom you really connected?

Did you have peer support from your fellow students? Was this factor important to you?

Were you able to develop friendships at the Michener?

Under what conditions would you have stayed? How could The Michener Institute have helped you to stay?

If you had a magic wand, what would you have changed about the program? About Michener?

---

**Person accountable for this interview**

---

**Position**

---

**Signature**

---

**Date**