

## WITHDRAWAL FORM

This form has to be filled out electronically, printed out & signed appropriately. Once completed, please submit the form to the Dual Credit office either in person or via email ([dual.credit@sheridancollege.ca](mailto:dual.credit@sheridancollege.ca)) prior to the Academic Withdrawal Deadline (please refer to the AWD schedule for the dates).

|                      |   |                                   |  |
|----------------------|---|-----------------------------------|--|
| Last Name:           |   | First Name:                       |  |
| Sheridan Student ID: |   | DOB (dd/mmm/yyyy):                |  |
| Name of Home School: |   |                                   |  |
| School Board:        | <input type="checkbox"/> Dufferin-Peel CDSB | <input type="checkbox"/> Peel DSB | <input type="checkbox"/> Halton CDSB <input type="checkbox"/> Halton DSB |

| COURSE WITHDRAWAL  |   |  |
|--|---|--|
| <input type="checkbox"/> EARLY CHILDHOOD EDUCATION           | <input type="checkbox"/> PLUMBING                       | <input type="checkbox"/> HALTON ELECTRIC                   |
| <input type="checkbox"/> OPERATING SYSTEMS                   | <input type="checkbox"/> INTRODUCTION TO CONSTRUCTION   |  |
| <input type="checkbox"/> ELECTRICAL A                        | <input type="checkbox"/> ELECTRICAL B                   | <input type="checkbox"/> INTRODUCTION TO INDUSTRIAL TRADES |
| <input type="checkbox"/> PRECISION MACHINING/WELDING (STDWD) | <input type="checkbox"/> SCHOOL WITHIN A COLLEGE (SWAC) |  |

| REASON FOR WITHDRAWAL |
|-----------------------|
|-----------------------|

|  |                                   |   |   |
|--|-----------------------------------|---|---|
| <b>1. Why are you withdrawing from the Dual Credit course(s)/Program?</b>                      |                                   |   |   |
| <b>Academic Reasons</b>  |                                   | <b>Non-Academic Reasons</b>               |   |
| Course(s) not as expected (specify):   |                                   | <input type="checkbox"/> Medical          | <input type="checkbox"/> Financial Difficulty |
|  |                                   | <input type="checkbox"/> Found Employment | <input type="checkbox"/> Seeking Employment   |
| <input type="checkbox"/> Academic Difficulty   | <input type="checkbox"/> Workload | <input type="checkbox"/> Family Distress  | <input type="checkbox"/> Personal             |
| <input type="checkbox"/> Other:  |                                   | <input type="checkbox"/> Other:           |   |
| 2. Did you speak to your Dual Credit teacher/School Board monitor about your concern?          |                                   | <input type="checkbox"/> Yes              | <input type="checkbox"/> No                   |
| 3. Did you speak to a college faculty or the college's Dual Credit officer about your concern? |                                   | <input type="checkbox"/> Yes              | <input type="checkbox"/> No                   |
| 4. Did someone try to resolve your concern to encourage stay in the course(s)?                 |                                   | <input type="checkbox"/> Yes              | <input type="checkbox"/> No                   |
| 5. Would you take another Dual Credit course?  |                                   | <input type="checkbox"/> Yes              | <input type="checkbox"/> No                   |
| 6. What could have been done differently for you to continue with the course(s)?               |                                   |   |   |

|  | Print Name | Date | Signature |
|--|------------|------|-----------|
| <b>School Board Representative</b>     |            |      |           |
| <b>High School Guidance Counsellor</b> |            |      |           |
| <b>Student/Parent/Guardian</b>         |            |      |           |