

## 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
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<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>			